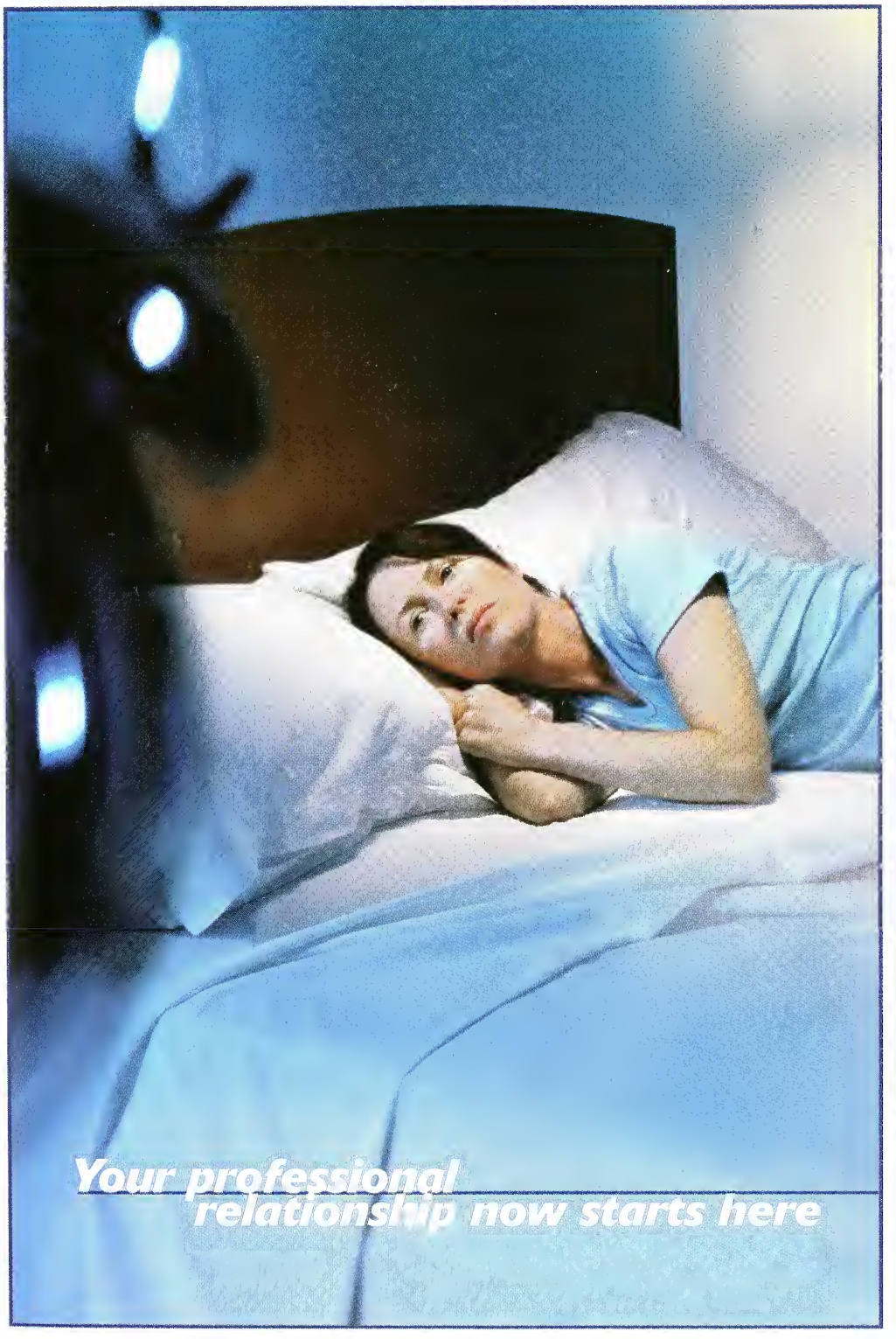
NOVEMBER 7 1998

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



NPA says 'no' to dispenser training

Make your mark on HImPs now, LPCs told

SPGC looks for new deal from Scottish Parliament

Pharmacy benefits of using category management magic

AAH trials affordable EPoS system

Update: breaking the British taboos of bowel cancer

Online at http://www.dotpharmacy.com/

Actually the first thing she thinks of is a cigarette.
But NiQuitin CQ and her pharmacist's advice helped her
get over it. When recommended NiQuitin CQ, she also
enrolled in the Committed Quitters Stop Smoking Plan.

The continuous support she receives is personalised
just for her, keeping her motivated and in control.
She knew the mornings would be tough.
But she was confident her NiQuitin CQ patch would

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm^2 patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm^2 patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm^2 patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day, preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or mouth. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypotension, severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, psoriasis or eczematous dermatitis. Concomittant medication may need dose adjustment due to increased nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums whe

SB

PAYING WATCHERS TARGETS

She's just waking up
The first thing she'll think of is her pharmacist

relieve enough of the cravings to keep her calm
all day. And why does she think of her pharmacist?
Because that's where she got the right recommendation
and advice to make her success possible.

NEW

NiQuitin CQ
Nicotine
STOP SMOKING AID

HELP HER STAY CALM, IN CONTROL – AND QUIT

iQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, ingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking essation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint ain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should esolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of nitial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.

Just what is the secret behind the phenomenal growth of Meltus?

Your recommendation and our support

Thanks to your recommendation and TV advertising, Meltus is the fastest growing major cough brand in pharmacy (+36% YOY)[1] in a market that only grew by 8%. It was also the Number Two brand in pharmacy last winter[2].

In fact, your recommendations have helped sales grow by an incredible 60%[3] over the last four years[1].

Meltus is the only major range of cough medicines with a product for all types of cough, and every member of the family, including babies from 3 months.

BACK ON TV THIS WINTER

With an eye-catching National TV campaign running throughout December, featuring an exciting ALL-NEW commercial, plus our superb deals, sales of Meltus are bound to be blooming marvellous - and that's no fairytale!

Seton Scholl Healthcare plc

Meltus is a Trade Mark of Seton Scholl.

MELTUS

Helps Melt Away Coughs - Fast

ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. *Use in pregnancy and lactation:* No known contraindications. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml £2.51 excl VAT, 200ml £3.73 excl VAT. **P.L. Number:** 033B/5026R. *P.L. Holder:* Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** £2.26 excl VAT. **P.L. Number:** 033B/0086. **P.L. Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

1 Independent Audit MAT December 1997, 2 Counterpoint Q4 1997 and Q1 1998 aggregated, 3 Independent Audit MAT December 1993 - December 1997

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

Do you believe that suitably trained pharmacy technicians should be able to undertake accuracy checks of prescriptions ... ? The 'skill mix' consultation paper put out by the Royal Pharmaceutical Society in May proposed that by 2005 all dispensary staff should have undertaken formal training and mooted a significantly expanded role for them in the dispensing process. The Branch Representatives Meeting in May was supportive, and it is understood that some of the major multiples - Moss, Lloyds and the National Co-op - have also gone along with the idea. This week the NPA comes down against mandatory training (see p6). The proper title of the 'skill mix' paper is 'Making best use of pharmacists and their support staff'. This gives a clue to the opposition building to what is a worthy proposal. The underlying contention, yet to be properly debated, is the issue of supervision. An option for freeing up pharmacists' time for 'New Age' roles is to 'delegate' the current requirement that each prescription is 'pharmaceutically assessed' at some stage during the dispensing process (the 'final check' went out of the window a while ago, after the Code of Ethics was 'tweaked'). Most community pharmacists' business rests on supplying medicines. The perceived danger is that 'delegation' could end up undermining that core role. Progressive thinkers view this as professional paranoia. While pharmaceutical care and 'New Age' ambitions are worth pursuing, at this stage they are not breadwinners other than for a select few. Pharmacists need to think hard about going down the 'skill mix' route, and be sure they know where they want to end up. No-one is arguing about the benefits of training staff, but a carrot offers a more prudent approach than a stick.

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NPA opposes RPSGB on mandatory training

The National Pharmaceutical Association has come out against mandatory, continuing education for dispensing technicians.

The proposal was put forward by the Royal Pharmaceutical Society in its consultation document, 'Making best use of pharmacists and their support staff' (*C&D* May 23, p4). The Society had proposed that by 2005 dispensary staff should have a recognised qualification of NVQ level 3 or equivalent.

Meeting last week, the NPA board felt that such a move would place an unacceptable burden on community pharmacy owners at a time when they are already under considerable pressure. However, the NPA stressed that it is totally committed to training all support staff. Rather than being forced, pharmacists should be encouraged to train their technicians and the benefits of doing so should be promoted.

The Association has seen a "very significant" increase in demand for dispensing technician courses - from 12 students per year in the early 1980s to over 500 in 1998.

In 1995 the NPA supported the Royal Pharmaceutical Society's proposal to introduce mandatory training for medicines counter assistants. At that time it was felt that staff training was needed to add value to the processes of selling medicines in the pharmacy and giving advice on treating minor ailments. It had also enabled P medicines to be sold without a pharmacist having to intervene at every sale.

The NPA said that the dispensing process is entirely different in that pharmacists are directly involved in the dispensing of every prescription. In each case, the pharmacist decides the extent of his or her involvement and which part of the process to delegate. The pharmacist is, therefore, best placed to decide what training is required for staff to carry out delegated tasks.

The Association pointed out that, unlike the sale of OTC medicines before the introduction of mandatory MCA training, there is no evidence to suggest any lack of public confidence in the dispensing process or poor performance by pharmacists.

Nor did the NPA believe that the introduction of mandatory training for dispensing technicians will solve the skill mix problem for community pharmacy. It pointed out that research has shown that using a dispensing technician only saved 1.5 hours per day. As this time was spread across peak periods it did not free up the pharmacist's time to perform other functions.

● The NPA has asked the RPSGB to clarify the purpose of the questions on accuracy checks on prescriptions. Currently, there is no requirement for checks to be made about whether a prescription had been accurately dispensed - only that the prescription is pharmaceutically assessed at some time during the dispensing process and a decision taken on whether further action is required.

Terry Maguire, newly elected as president of the Pharmaceutical Society of Northern Ireland, is invested with the chain of office by outgoing president Dorothy Graham

NPA looks overseas to alleviate manpower shortage

In a bid to help its members to overcome recruitment difficulties, the National Pharmaceutical Association is to advise members how to employ pharmacists from overseas.

It has recently been made easier administratively to recruit overseas pharmacists to work in the UK. The Overseas Labour Office has officially classified pharmacy as a 'shortage occupation', supporting the NPA's conviction that there is a manpower problem in community pharmacy.

The Association is continuing to put pressure on the Royal Pharmaceutical Society to recognise the problem. A meeting is being sought with the new secretary and registrar, Ann Lewis, to discuss how the two pharmacy organisations might jointly pursue solutions to the problem.

Graeme Millar heads CSA in Scotland

Graeme Millar, chairman of the Royal Pharmaceutical Society's Scottish Department Executive, has been appointed chairman of the Common Services Agency, which plays a major role in supporting NHS clinical services in Scotland.

The CSA covers nine facilities including the Pharmacy Practice Division, the Scottish National Blood Transfusion Service and Scottish Healthcare Supplies. It is also responsible for the centralised administration of primary care in Scotland, has more than 2,000 staff and a budget of £135 million. Mr Millar, who is the first pharmacist to become chairman, regards the new post as a "big challenge".

"This is a very interesting time in the development of the health service to take over such an important organisation," he told *C&D*. "The delivery of high quality healthcare for the future will depend very much on the ability of the separate divisions of the CSA to support the rest of the health service."

Previously the owner of six community pharmacies, Mr Millar has been chairman of the Edinburgh Sick Children's NHS Trust for five years. His knowledge of electronic data and prescription pricing, he hopes, will facilitate more active participation of pharmacists in the NHS network in Scotland.

His appointment runs for four years from October 1 and will occupy two to three days a week. He will continue to chair the Scottish Executive but is to relinquish chairmanship of the hospital trust at the end of March 1999, when a merger occurs.

Standards of care to be set for elderly

The NHS will set standards of care for older people for the first time, and these will form part of a new National Service Framework.

These measures are in response to a report from the Health Advisory Service on the way older people are cared for in the NHS.

The National Service Framework for older people will be published by April 2000, said Frank Dobson, health secretary, last week. This will set standards for services for older people, put in place measures to ensure they are met, and establish monitoring mechanisms to track progress.

Except for cancer and children's intensive care, there are no other National Service Frameworks in place at present.

Other government initiatives announced by Mr Dobson include the requirement that all hospital doctors participate in national external audit, and to stop the building of mixed sex wards. The Government is giving GPs and patients access to treatment success rates in local hospitals.

Pharmacists wanted for LHG boards

Community pharmacists in Wales who are interested in serving on the board of a local health group (LHG) are asked to contact their local pharmaceutical committee secretary.

The Welsh Central Pharmaceutical Committee, the body representing LPCs in Wales, is delighted that the Welsh Office has agreed to make pharmacists eligible to be on the board of LHGs - the Welsh equivalent of primary care groups. The pharmacist must be registered with the Royal Pharmaceutical Society and be a contractor or employed by a primary care contractor. He or she must have practised in the geographical area of the LHG for an average of at least one day a week over the past 12 months.

Applicants will be interviewed by a panel of two LPC members and a non-executive member of the health authority.

Pharmacists wishing to discuss the post before applying can contact the LPC secretary or WCPC secretary Mike King (tel: 01296 432823) who can give details of LPC secretaries.

LPC guidance on Health Improvement Programmes

It is important that Local Pharmaceutical Committees make their mark now with Health Improvement Programmes at this formative stage. This is what the Pharmaceutical Services Negotiating Committee has told LPCs in guidance notes about HImPs issued last week.

The PSNC is suggesting the following activities for LPCs to become involved with HImPs.

- find out who is responsible for HImPs at the local health authority. Make contact and arrange to provide information on how community pharmacy can contribute
- promote the value of community pharmacy services to local authorities and identify individuals who will be working with the health authority on HImPs
- evaluate health needs within the area where community pharmacy can contribute by providing extra services
- maintain good relationships with the Director of Public Health, Community Health Councils and social services
- promote pharmacists' involvement with HImPs to lead GPs within primary care groups and encourage PCGs to endorse community pharmacy's value to the HA.
- consider what services the LPC can offer to PCGs.

"HImPs are a big opportunity for LPCs to get more involved with primary care," said the PSNC.

The guide also covers the strategies underlying HImPs, putting together, content and delivery of HImPs, and the assessment of pharmaceutical needs.

LPCs may not need to formulate a proposal on pharmaceutical needs if the HA is already doing this.

The starting point for needs assessment should be the Director of Public Health's annual report. This report contains the results of local needs assessment which identifies priority areas of local health improvement and services which need to be commissioned. The main area for LPCs in HImPs will be in negotiating agreements with PCGs for the provision of pharmaceutical services.

SPGC looks to Scottish Parliament for new deal

Scottish pharmacists want a new deal from the health service once the Scottish parliament has the autonomy to legislate on important issues such as health and education.

Strong support came from the previous Scottish health minister, Lord James Douglas-Hamilton, now Lord Selkirk of Douglas, when he spoke at the annual dinner of the Scottish Pharmaceutical General Council last week.

SPGC chairman George Romanes told guests that pharmacists must seize the chance to be more involved in the decision-making processes, by gaining input into the committees being established under the new parliamentary structure.

"We now know drug budgets will cease to be open-ended," he said. "There will be a need for even more active control on the annual drug inflation rate of 8 to 9 per cent in the current Scottish drug bill of £450 million. Pharmacists, with their twin skills of drug knowledge and business acumen, are ideally placed to help with this task."

In the Borders, pharmacists have worked closely with GPs and achieved cost savings in a short time, he said. First indications are that about £10m could be saved nationally if the pilot were extended throughout Scotland.

On remuneration, Mr Romanes welcomed the earlier conclusion to this year's negotiations but warned that the costs of providing the service were increasing at a rate exceeding general inflation.

SPGC vice-chairman Frank Owens (left) and chairman George Romanes (right) with Lord Selkirk of Douglas

"We face massive difficulties in recruiting and retaining pharmacists," he said. "The current shortage drives up salaries of employee pharmacists at an alarming rate, particularly in the less attractive locations.

"Over the last four to five years contractors have increased their productivity some 25 per cent, while remuneration has seen only 10 per cent additional funding. This downward spiral must be halted. We need an annual increase in the global sum in the region of 10 per cent to meet the combined inflation in volume and costs.

"In the absence of a more pharmacy friendly system of remuneration we will continue to press for this scale of increase because it is important that we invest in quality premises and fully trained, competent staff to ensure the patient gets a high quality service."

Lord Selkirk replied: "I believe Scottish parliamentarians should be very sympathetic to the request for a new deal. Clearly costs and remuneration have got out of line and the balance should be redressed. I hope and believe the Scottish Parliament will wish to consult all elements of Scottish life more closely in how to improve the health of the people.

Arthur Spoonful helps the medicine go down

Arthur Spoonful, a giant-sized cartoon character, is promoting the health promotion role of pharmacists in a campaign in Coventry.

The foam-filled 'pharmacist' will visit community events throughout the Coventry area explaining that pharmacists can advise on medicines, minor ailments, healthy eating, sexual health, exercise and giving up smoking. He will be accompanied by a real pharmacist to give advice.

All 83 pharmacies are taking part in the campaign which was launched this week by Coventry Health Authority and runs to December. A leaflet being distributed through pharmacies, GP surgeries and libraries explains the benefits of visiting a pharmacy. It includes a competition with a music centre prize sponsored by AAH Pharmaceuticals. In the New Year the focus will be on specific health issues, starting with smoking cessation in the run up to No Smoking Day in March.

Caroline Galloway, community pharmaceutical adviser, says: "Community pharmacists welcome this opportunity to promote their role in the primary health care team and, how this complements the roles of the other healthcare professionals."

Arthur Spoonful with community pharmaceutical adviser Caroline Galloway (centre) and Rachel Zaldua, a communications specialist

Fears over triple vaccine prompts requests for single antigens

Single components of the measles, mumps and rubella vaccine have been supplied to about 35 people recently by a Croydon pharmacist, despite the Department of Health statement that the triple vaccine is safe.

Andrew McCoig has been interviewed on Radio 4 and BBC breakfast television after offering to supply the single vaccine to parents concerned about possible side effects of the triple vaccine.

In a fact sheet he has produced for patients, Mr McCoig suggests if their own GP will not prescribe the single antigens, they should contact another doctor. If that fails, he can put patients in touch with a private doctor willing to listen to their concerns.

Mr McCoig stresses that: "I do not offer an opinion on the safety of the vaccines. It's up to parents to decide and talk to their GP." He is now receiving requests for the vaccines from all over the country.

The single vaccines are obtainable on a named patient basis only from IDIS World Medicines, 171-185 Ewell Road, Surbiton, Surrey KT6 6AX. Tel: 0181 410 0700.

Reward for 'beacons of excellence'

Hemant Patel, the Royal Pharmaceutical Society's president, has launched the President's Initiative Beacons of Excellence Award.

It will be given annually to a single pharmacist for the most professional practice in Great Britain.

He told *C&D* that the aim was to encourage and recognise pharmacists who were piloting innovative practice and delivering the highest standards of care. Pharmacists eligible for the award must show that they are delivering enhanced and patient friendly services, raising standards of practice and observing the highest ethical standards. In short, they were "beacons of excellence".

It has yet to be decided what the award will be and who will pay, but Mr Patel was discussing these matters with the Society's officers this week. He hoped the first award would be next spring. Pharmacists would be able to nominate themselves or be nominated by their peers, directly to the Society or Mr Patel.

Speaking at the Oshwal pharmacists annual ball last week, he said it was his intention as president to ensure that the Society prepared for a more secure future for all pharmacists, with honesty, courage and openness. With the head office reorganisation he hoped to see a more membership-focused culture which was modern, effective and courteous.

"On the Council, we will take into account people's rising expectations to ensure that professional activity of pharmacists, delivered with care and of high quality, is rewarded both financially and in other ways.

"We will help pharmacists look beyond self-interest and also help pharmacists who are seeking self-fulfilment from their work. In order to create a climate that encourages professionalism you can expect the Council to make strong and persistent representations on your behalf. In parallel, I hope the members will behave with a strong sense of community spirit and with integrity"

Mr Patel also hoped to build better links with pharmacists and students of all backgrounds, ages, sexes and social attitudes, to ensure that the Council and staff at Lambeth acted with good cultural sensitivity and felt comfortable leading diverse groups.

Pharmacists must learn to think about long-term issues, he continued. Most independents were showing short-term thinking, characterised by demands for immediate results, a propensity not to have written plans or strategies, and impatience for recognition by others. Pharmacists had to accept responsibility for their future, as well as the future of their families and staff. They needed to understand each other's role, have a proper support mechanism and establish a balance between self-interest and public interest.

Oshwal pharmacists give £25,000 to charity

Oshwal pharmacists presented over £25,000 to charities at their 18th annual ball last week.

A cheque for £15,000 was presented to the British Diabetic Association, while the UK Thalassaemia Society received £7,230, and £3,230 was given to the Imperial Cancer Research Fund. Donations also went to the Royal Pharmaceutical Society's Benevolent Fund and the Commonwealth Pharmaceutical Association.

Around 220 people attended the ball at the Heathrow Marriott Hotel.

The top table (left to right): secretary Dilip Maroo and Daksha Maroo, chairman Mukesh Shah and Geeta Shah, RPSGB president Hemant Patel and his wife Sneh, Oshwal's treasurer Hitesh Dodhia and Rajula Dodhia

Askit condemns 'addiction' claim by Scottish press

Askit Laboratories has condemned as "irresponsible and unfounded" reports in the Scottish press that Askit Powders are addictive.

Articles in three newspapers claimed that the product was being abused and people were becoming psychologically addicted to it. A statement from the company points out that there is no evidence of any possibility of addiction to aspirin or aloxiprin, contained in the powders. The other ingredient, caffeine, has led to dependency in a few susceptible people. The powders contain the equivalent of one and a half cups of coffee.

The company says it is considering its legal position.

Pfizer considering 'all options' for Viagra

Pfizer is considering "all the options open" if ministers ban or restrict NHS prescribing of Viagra.

Andy Burrows, a Pfizer spokesman, denied reports in *Pulse* that the company was threatening legal action, but any restrictions would be considered carefully and appropriate action taken. He said he understood that the Standing Medical Advisory Committee had completed its review and was submitting recommendations to the Department of Health in the form of confidential advice to ministers.

Coronary care in pharmacy a success

The expansion of a coronary care project involving community pharmacies is being discussed this week by an NHS Trust on the Isle of Wight, following a successful pilot study.

Staff from the coronary care unit at St Mary's Hospital have been running an advisory service with the pharmacist at Boots' Newport store. This pilot study, funded by the NHS, gave information to the public about how to avoid heart problems and prevent further trouble for existing heart disease sufferers.

If support for the scheme is forthcoming at this Friday's meeting, it could be launched at other community pharmacies on the island.

IN BRIEF

Further meeting on pay

The PSNC is hoping to make progress on the 1998-99 pay settlement at a meeting with Department of Health officials on Monday. A full PSNC meeting is planned for Wednesday.

Price List Service

Novartis Consumer Health and *C&D* would like to apologise for any inconvenience caused over the discontinuation of some of the Piz Buin range. *C&D* was instructed in error to delete a number of products from this range. They have now been reinstated and will appear in the December Price List.

No central funds ...

The Department of Health has confirmed that it does not intend to hold reserve funds centrally for prescribing. Health authorities will have to manage prescribing budgets from within their allocation when hospital and community health services budgets are unified with general medical services.

HFMA standards and specifications for propolis

The Health Food Manufacturers' Association has launched a standard symbol scheme and specifications for propolis.

Products carrying the symbol (operational from January) will be guaranteed to contain propolis of approved quality. The industry-agreed specifications for raw and harvested propolis cover purity and chemical composition, together with the sampling techniques and analytical requirements.

Manufacturers wishing to use the symbol must apply to the HFMA and prove, by independent analysis, that their products conform to the required criteria. It will be mandatory for HFMA members who manufacture or market propolis to meet the standard. Use of the symbol is optional and will be open to non-members whose products comply.

N IRELAND NOTEBOOK

Fraud in the NHS

Allegations of fraud in the NHS are a constant theme for the Government (*C&D* September 19, p5). Pharmaceutical services, in common with medicine, dentistry and ophthalmology, are open to fraudulent activity if someone decides to do it. A couple of high profile cases in England have shown how easy it is for a pharmacist or a GP to defraud the NHS of a large sum of money. At the other end of the scale is prescription charge fraud, done by many patients, which results in a significant loss of revenue. Both professional and patient fraud exists, cannot be justified and must be addressed.

The Northern Ireland Audit Report on NHS fraud has been hard hitting at those who perpetrate fraud and at the health boards and CSA for not carrying out the necessary checks. The systems in place to promote probity and detect fraud have been poor. Steps to address fraud are now underway at Department, Board and CSA level and initially a number of key areas will be targeted. In Scotland, our colleagues are being paid to undertake a greater 'policing' role to ensure the validity of exemption claims. Such a move is likely to occur in Northern Ireland but I'm not enthusiastic; my first responsibility is to my patient and at no time have I aspired to become a tax inspector.

"Professional and patient fraud exists, cannot be justified and must be addressed"

Whatever happens it's likely that more detection of prescription charge fraud will occur and pharmacists may find themselves involved in the disputes that arise. There may be accusations that the pharmacist was paid the charge but failed to register it. This could be very damaging to individual pharmacies and to the profession generally, therefore, we need to ensure that the required process is followed.

On the matter of dishonest pharmacists, those in the know within the NHS suggest that there is concern about the activities of certain among us. Covert investigations may be carried out to trap pharmacists, and there will be no mercy for those caught. I am confident that the DHSS suspicions about pharmacists are hugely exaggerated, but the clamp down on NHS fraud will make things uncomfortable for all that work in it.

Written by a practising Northern Ireland community pharmacist.

Xrayser

Topical Reflections

Nice in theory but a hard lesson in practice

Last week's **Comment** in *C&D* focused on NHS dispensing profit margins, and supported the view of the main line wholesalers that their total package of services is worth more in long-term business advantage than any short-term gain achieved by shopping around for every last penny of discount.

Although I understand this argument, I still believe I have no choice. When discounts were first offered by short line wholesalers and parallel importers, I disapproved on professional grounds and refused to become involved.

I naively believed that I would not be penalised for supporting the comprehensive service offered by my main line wholesaler, or for continuing to supply only UK-sourced ethical drugs. How wrong can one be? My stand was ignored both by the Department of Health and the competing wholesale market.

All those many years ago I learnt a hard lesson, licked my wounds and now am an accomplished negotiator in the market place. I know that my efforts are driving the discount scale ever higher, but I truly believe I have no choice in trying to stay ahead of the game.

The DoH leopard will not change its spots and the honeyed words of wholesale guile merely disguises the same ruthless desire for commercial success, and to hell with professional consequences. How else can I view the sale last week by AAH of a block of pharmacy licences to Superdrug?

Don't knock the voice from above

Numark's scheme for the electronic control of 'P' sales brought a wry smile to my face as I envisaged this disembodied voice sternly reprimanding the unwary transgressor for personally selecting from my now inviting display of 'P' medicines (*C&D* October 31, p35).

The concept of an electronic 'big brother' may be amusing but don't dismiss it. The public are becoming conditioned to purchase only from self-service displays. If they cannot see instantly what they want, then they presume I do not stock it. Often they would rather make the journey to Boots or the supermarket rather than suffer the indignity of having to ask.

As well as this, I frequently have to intervene in the potential sale of a self-selected GSL medicine in order to offer the more effective Pharmacy alternative. This is a waste of resources and confusing for the customer. Glass cabinets, segregated displays or plastic screens all act as a disincentive because they raise the immediate question of why differentiate?

Efficacy or advice are not the first answers that come to mind. 'They are dangerous' might be the most immediate thought, and given a choice most customers would then prefer to stick to the tried and trusted GSL on open display than venture into the unknown dangers of P medicines and pharmacist interrogation.

Numark's first effort at electronic control may be amusing, but it is a serious attempt to maintain the security of P medicines while increasing their sale. Perhaps the electronic rap across the knuckles is not quite the right solution today, but I hope that in the days ahead Numark's efforts to stimulate debate and ideas will be rewarded.

Good news, bad news and a message to get across

The Doctor Patient Partnership may be less than three years old but it has already established itself as an authoritative voice for common sense health advice. I was pleased to read the reassuring words of support for community pharmacists from its chairman, Dr Simon Fradd (*C&D* October 31, p24), but disappointed that he still feels the need to reassure the public about pharmacists' clinical credentials.

The time for prevarication over the use of scarce NHS resources should now be over. Organisations like the DPP should be actively referring patients to their community pharmacist in the full knowledge that they will receive good advice and effective medication for self-limiting illnesses at no cost to the NHS.

Community pharmacists already treat millions of patients every year and could treat millions more given the opportunity. This is the unambiguous message that needs shouting from the rooftops to patients, government and other health professionals. It requires no further qualification.

Medical matters

Children in non-fluoridated areas at greatest risk of tooth decay

Children living in non-fluoridated areas of the country are four times more likely to lose a tooth to decay compared with those whose water supply has been supplemented with fluoride.

Figures published by the National Alliance for Equity in Dental Health show that in non-fluoridated areas such as Glasgow, Belfast, Cardiff, Liverpool, Manchester and inner London, as many as a fifth of five-year-olds have had at least one baby tooth extracted because of tooth decay. On the other hand, in areas such as Newcastle and Birmingham where water has been fluoridated for 30 years or more, only one in 20 five-year-olds has had an extraction. Overall tooth decay is also halved in areas of water fluoridation.

The Alliance announced its findings at a symposium on inequalities in dental care attended by Minister for Public Health Tessa Jowell. The Alliance, which consists of 39 national medical, dental and voluntary organisations, is now calling on the Government to extend water fluoridation to areas of unacceptably high tooth decay.

Currently only 10 per cent of the population drink fluoridated water. The Alliance blames discrepancy in water fluoridation on legislation with decisions being taken by water companies rather than health authorities.

Mastalgia can last a lifetime

Benign breast pain (mastalgia) is a chronic condition that can last most of a woman's reproductive life, reveals a new study by Cardiff researchers.

In a bid to establish the nature and course of the condition, the researchers sent questionnaires to 212 women who had attended the mastalgia clinic at Cardiff's University Hospital 15 years earlier.

Answers from the 175 women who completed the survey showed that mastalgia tended to be chronic, lasting an average 12 years. Fifteen years after attending the breast clinic, 57 per cent of women with cyclical mastalgia (linked to menstrual cycle) and 64 per cent of non-cyclical mastalgia reported ongoing pain. Women who had developed cyclical mastalgia in their 20s and 30s seemed to be at greatest risk of long-term pain.

Among women whose mastalgia had resolved, the menopause was cited as a factor in the relief of cyclical mastalgia. In non-cyclical mastalgia, symptoms ceased 'spontaneously' or for no obvious reason. To relieve the condition, half were prescribed gamolenic acid, danazol or bromocriptine while a third had hysterectomies, although mastalgia may not have been the sole reason for the operation.

Cancer epidemic predicted by WHO

Dramatic increases in life expectancy and profound changes in lifestyles will lead to global epidemics of cancer, predicts the World Health Organisation.

Cancer claimed six million lives in 1997, 12 per cent of all deaths worldwide. By 2020, WHO estimates there will be 20m new cancer patients each year, with more than 70 per cent of these from developing countries.

In anticipation of this, WHO launched a global control strategy at a recent conference - 'Cancer Strategies for the New Millennium' - held in London. The strategy is hoped to significantly reduce the incidence, morbidity and mortality from cancer.

Cancer control programmes will be adapted to each country but will have a 'cancer priority ladder' at its core. 'Steps' of the ladder will include tobacco control, a healthy eating programme, effective pain control and a cancer cure programme. To help reach this goal, both public and private resources and expertise will need to be pulled together.

UK health minister Lady Hayman said: "The Government is committed to improving cancer services in the UK. Our role in developing EU tobacco legislation is an example of our commitment to tackling this disease."

Half of Welsh GPs don't prescribe pneumonia vaccine

Almost half of Welsh GP practices do not routinely prescribe any pneumococcal vaccine, says a report conducted through Gwent Health Authority.

The research monitored prescribing of vaccines from 1994 to 1997. Uptake of flu vaccine rose from 95 to 110 doses per 1,000, while the maximum number of doses of pneumococcal vaccine used was less than 30 per 1,000.

Over 50,000 cases of pneumonia in the UK occur as a result of pneumococcal infection and between 10-20 per cent of these die.

PRESCRIPTION SPECIALITIES

Clinimed opts for Silhouette pouches

Welland Silhouette is the latest range of closed stoma pouches from Clinimed.

The new slim-line shape provides users with greater discretion while the soft-edge weld and soft cover gives improved comfort. The range also features Welland's Hyperflex skin protector, which is anatomically-shaped and highly adhesive to minimise irritation to vulnerable peristomal skin.

Welland Silhouette comes in standard and shorter length sizes in both beige and clear film. It also comes cut-to-fit or pre-cut. Products in the range are: Silhouette Standard Length Closed pouch (30, basic NHS price £58.50) and Drainable Pouch (30, £63); Silhouette Plus Drainable Pouches with filter (30, £63); and Silhouette Vogue Short Length Closed Pouch (30, £51.90) and Drainable Pouch £54.42). All are available on prescription.

Clinimed Ltd. Tel: 01628 850100.

IN BRIEF

Clickhaler extends to Asmabec

Medeva hos extended its Clickholer dry powder inhaler to beclomethasone dipropionote. Asmabec Clickholer comes in three strengths: 50, 100 ond 250mcg with bosic NHS prices of £7.18, £10.55 and £13.24 respectively. Asmasal (solbutomol)

Medevo Pharmo Ltd. Tel: 01372 364000.

Axid price reduced

Lilly hos reduced the price of Axid (nizatidine) for the third time this yeor. The new bosic NHS price is £10.79 for 150mgx30 capsules and £21.40 for300mgx30 copsules.

Eli Lilly & Co Ltd. Tel: 01256 315000.

Continence awareness week

Notionol Continence Awareness Week, sponsored by the Continence Foundation ond backed by the Department of Heolth, is scheduled for November 16-22 this year. A survey of 2,000 people is to be lounched during the week highlighting the impoct on sufferers.

The Continence Foundation. Tel: 0171 404 6875.

Taxol indication extended

The onti-concer drug Taxol (poclitaxel) has had its licence extended to include the treatment of non-smoll cell lung corcinoma in combinotion with cisplatin in potients not suited for curotive surgery or rodiotheropy. Taxol 100mg vials con now be used for multiple doses for up to 28 doys.

Bristol-Myers Squibb Phormaceuticols Ltd. Tel: 01244 586206.

Disipal distribution

Yamonouchi Pharmo has honded over the distribution ond morketing rights of Disipal (orphenadrine) to Sovereign Medical, ond all orders should now be ploced with it.

Sovereign Medical. Tel: 01268 535200.

Senokot Essential Information

Active Ingredients: Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of constipation. **Dosage Instructions:** Adults and children over 12 - Two Tablets in 24 hours, or Two 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night; Children 6-12 - One 5ml spoonful of Syrup, taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6 - Syrup to be taken only on a doctor's advice. Tablets and Granules not recommended. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.75, 60 Tablets - £3.99, 100 Tablets - £4.79. Syrup: 100ml - £3.05. Granules: 100g - £4.49. **Marketing Authorisations:** Senokot Tablets 0063/5000R, Senokot Syrup 0063/5003R, Senokot Granules 0063/5002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** August 1998. Senokot and the sword and circle symbol are trademarks. Reference: 1. IRI data, July 1998.

RECOMMEND SENOKOT YOUR PHARMACY ONLY BRAND

Senokot - the only senna product exclusive to sale through pharmacy

•

Senokot - the Number One cash rate of sale laxative[1]

Senokot®

Natural standardised senna

Predictable overnight constipation relief.

Counterpoints

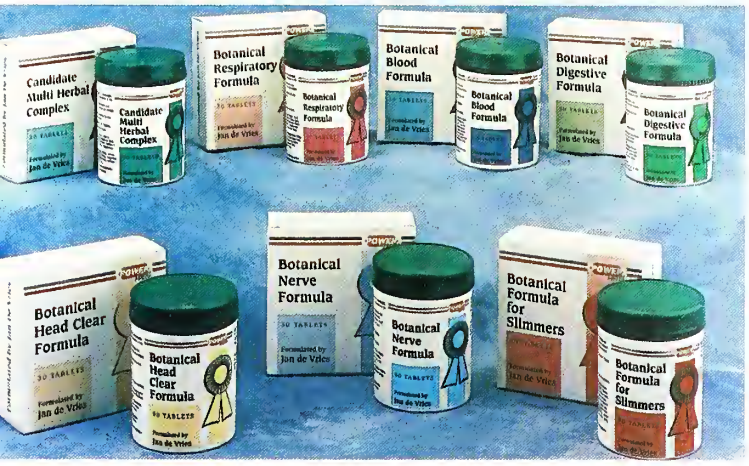
Power Health launches new botanical tablets

Power Health Products has teamed up with leading naturopath Jan de Vries to develop a new botanical range of tablets to provide diet supplementation.

The Jan de Vries Botanical range consists of seven tablets based on herbal extracts. Products include Head Clear Formula, Nerve Formula, Blood Formula, Digestive Formula, Respiratory Formula, Formula For Slimmers and Candidate Multi Herbal Complex tablets.

Retail prices range from £3.99 to £7.99 for cartons of 30 tablets and £5.99 to £17.99 for pots of 90 tablets.

Power Health Products Ltd.
Tel: 01759 302595.



Cartoon man makes a Xmas Resolve

Seton Scholl Healthcare is introducing a humorous counter display unit for its Resolve hangover relief to maximise sales during the key Christmas period.

The eye-catching unit features a pop-up cartoon man suffering from the after effects of 'a good night out'. It contains eight cartons of five Resolve sachets (rsp £1.99) and six cartons of ten Resolve sachets (rsp £3.29).

Designed to take up the minimum counter space, the compact unit is suitable for display on the counter or by the till.

Seton Scholl Healthcare plc.
Tel: 0161 654 3000.

Winter deal for pharmacies from Manx

Manx Pharma is running a winter price promotion on its benzocaine-based AAA Mouth and Throat Spray to coincide with the start of the cold and flu season.

Any pharmacy ordering ten packs of AAA at the trade price of £2.35 per packet will receive three free packs.

The retail price of each pack is £4.15, giving a standard POR of 33 per cent. With the ten plus three winter offer, the margin rises to 50 per cent.

The promotion is expected to run until the end of March.

AHA Sales and Marketing.
Tel: 01491 833202.

Kleenex kit to ease cold and flu misery

Kimberly-Clark's latest promotion for its Kleenex tissues is a winter survival kit to help ease the misery of colds and flu.

Presented in a green toiletry bag, the kit is worth £8.99 and is free with six tear-out ovals from promotional boxes of Kleenex Balsam, Kleenex for Men and Kleenex Ultrasoft.

Each kit contains pocket packs of Kleenex Balsam and Kleenex Ultrasoft, Ricola Swiss Herb Lozenges, Airwaves Chewing Gum, Nivea Lip Repair, Twinings Herbal Infusions, Dextro Energy Tablets and Australian Bodycare Tea Tree Treatment Lotion. The promotion is being supported by a national radio campaign which focuses on the benefits of the kit, with details about how to obtain it.

Kimberly-Clark Ltd.
Tel: 01732 594000.

Dental push to boost sales of Platinum

Colgate-Palmolive's launch of its new whitening system into UK dentists is set to boost sales of Colgate Platinum whitening toothpaste in pharmacies.

The Colgate Platinum Whitening System is designed to be used by dental patients at home over a 14-day period under the supervision of the dentist. The system is based on the use of a customised soft vinyl tray which holds the active ingredients to whiten the teeth.

To maintain the whitening effect, Colgate-Palmolive advises dentists to recommend Colgate Platinum toothpaste (£3.99, 50ml) as a follow-up treatment at home.

● Whitening toothpastes fit into the growing sensory cosmetic sector of the toothpaste market. Value sales of toothpastes in this sector are up 12.9 per cent over the past year.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Touch screen facts about nutrition

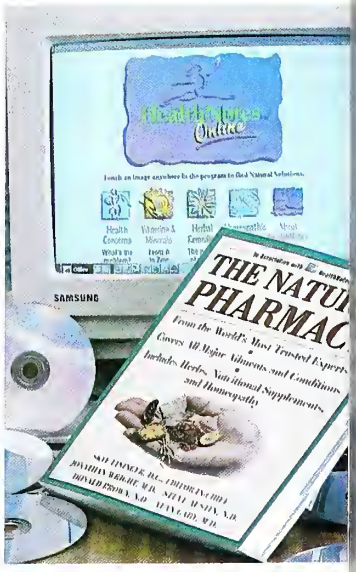
FSC Quality Vitamins is making a touch screen nutritional database available to pharmacies for use in-store.

Healthnotes Online enables customers to access information on health conditions, vitamins, minerals, herbs and homoeopathic remedies. It was launched to health food outlets last May, since then 70 stores have taken the full system.

Managing director Michael Peet says Healthnotes Online provides generic information based on fully referenced research developed by US doctors, including Skye Lininger and Steve Austin who are consultants to the company.

Two versions are available. The professional version can be used in-store, with various hardware options including the touch screen system (£450 for a one-year licence, £195 for renewals). A personal consumer version is available as a CD-ROM package for home use on an Apple Macintosh or on Windows 3.11 or Windows 95 systems (£45 retail, £29.97 trade for minimum three copies).

Health & Diet Food Co Ltd.
Tel: 01204 707420.



Night Nurse/Night Nurse Capsules Product Information. Presentation: *Night Nurse*. Clear green liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Promethazine Hydrochloride Ph Eur 20 mg, Dextromethorphan Hydrobromide Ph Eur 15 mg. *Night Nurse Capsules*: Capsule with opaque white body and opaque bright green cap containing Paracetamol Ph Eur 500 mg, Promethazine Hydrochloride Ph Eur 10 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg. **Uses:** Night-time relief of the symptoms of colds, chills and influenza. **Dosage and Administration:** Just before going to bed. **Adults and children 12 years and over:** 20 ml or 2 capsules. **Children 6 to under 12 years:** 10 ml or 1 capsule. **Children under 6 years**: On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic or renal impairment. **Precautions:** Avoid use with other cold medications or decongestant or paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment or cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscarinics, domperidone, metoclopramide and cholestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor. **Side Effects:** Usually well-tolerated in normal use. Occasional reports of skin rash and other allergies, drowsiness, psychomotor impairment, antimuscarinic effects (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal Category:** P. **Product licence number:** *Night Nurse*: PL 0079/0187. *Night Nurse Capsules*: PL 0079/0220. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Package quantity and RSP**: *Night Nurse* 160 ml £4.29; *Night Nurse Capsules* 10s £2.89. **Date of last revision:** May 1998.

Day Nurse/Day Nurse Capsules Product Information. Presentation: *Day Nurse*: Clear orange-red liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Phenylpropanolamine Hydrochloride Ph Eur 25 mg, Dextromethorphan Hydrobromide Ph Eur 15 mg. *Day Nurse Capsules*: Capsule with opaque yellow body and opaque orange cap containing Paracetamol Ph Eur 500 mg, Phenylpropanolamine Hydrochloride Ph Eur 12.5 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg. **Uses:** Short term relief of the symptoms of colds and influenza. **Dosage and Administration. Adults and children 12 years and over:** *Day Nurse*: 20 ml every 4 hours as necessary up to 4 doses in 24 hours. *Day Nurse Capsules*: 2 capsules every 4 hours as necessary up to 8 capsules in 24 hours. **Children 6 to under 12:** *Day Nurse*: 10 ml every four hours as necessary up to 4 doses in 24 hours. *Day Nurse Capsules*: 1 capsule every four hours as necessary up to 4 capsules in 24 hours. **Children under 6 years:** On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic or renal impairment, hypertension, hyperthyroidism, diabetes and heart disease. Patients taking tricyclic antidepressants or beta-blockers. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Patients with asthma or other respiratory disorders, or glaucoma should consult a doctor first. Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. Caution required in patients taking warfarin and other coumarins, domperidone, metoclopramide, and cholestyramine. Avoid in pregnancy and lactation unless advised by a doctor. **Side Effects:** Usually well tolerated in normal use. Occasional reports of skin rash and other allergies, headache, dizziness, nausea, vomiting, diarrhoea, insomnia, irritability, high blood pressure and palpitations. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal Category:** P. **Product licence number:** *Day Nurse*: PL0079/0185. *Day Nurse Capsules*: PL 0079/0204. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Package quantity and RSP:** *Day Nurse*: 160 ml £4.29; *Day Nurse capsules* 20s £3.89. **Date of last revision**: May 1998

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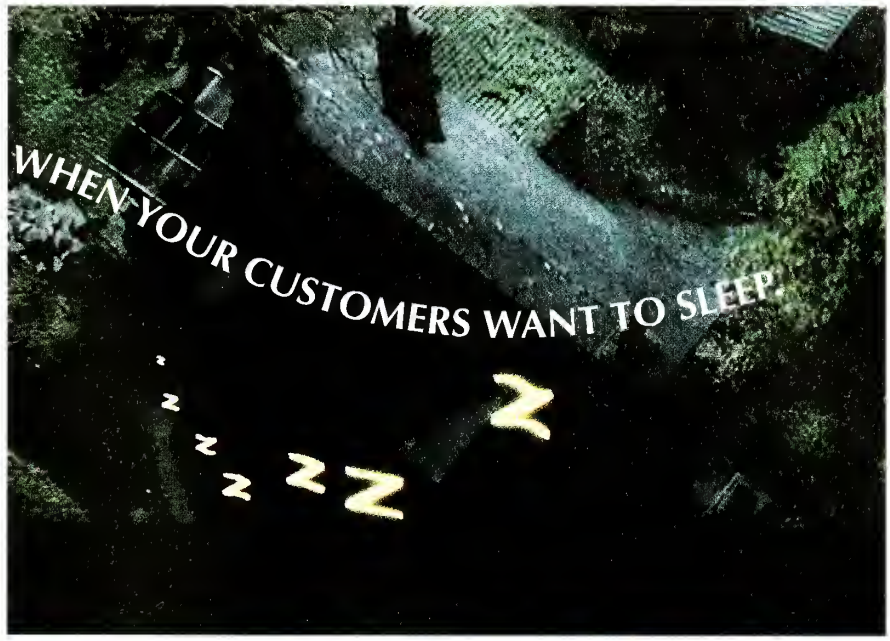


PROFIT TWENTY FOUR HOURS A DAY.

No wonder Day Nurse and Night Nurse remain Britain's No 1 pharmacy cold and flu brand. We offer your customers the right medicine for the right time of day.

Night Nurse relieves runny noses, tickly coughs, shivers, aches and pains and so helps them sleep. Day Nurse gives them the same fast effective relief, but helps them through the day without drowsiness.

So make sure you nurse your cold and flu sales into healthy profits 24 hours a day, with Day Nurse and Night Nurse.

For more information call 0500 888 878.

Nurse IT BETTER

paracetamol
dextromethorphan
phenylpropanolamine

paracetamol
dextromethorphan
promethazine

Night Nurse and Day Nurse are trade marks

Making eyes with Max Factor mascara trio

Procter & Gamble will be launching three new mascaras in its Max Factor range in January.

Each mascara is designed to achieve the correct delivery on the lashes for a particular look. Lash Enhancer Mascara gives a fresh, natural result, 2000 Calorie mascara is for a glamorous, dramatic effect and Stretch Mascara creates a more classic look.

All three products are touch-proof to resist smudging and available in black, black/brown and brown. Retail price is £7.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Clairol body wash – flower power from top to toe

Bristol-Myers is adding a new body wash to its Clairol Herbal Essences range of shampoos, conditioners and styling products.

Herbal Essences Body Wash is formulated to work into a rich lather, gently cleansing the skin and leaving it soft and moisturised. It comes in two variants for dry or normal skin.

Moisture Enhancing for Dry Skin Body Wash (pink) contains mallow flower, aloe vera and vitamin E. Moisturising Balancing for Normal Skin Body Wash (green) contains camomile, water lily and vitamin E. All the herbs used are grown under certified organic conditions.

Packaging is in a clear, chunky bottle featuring bold floral graphics visible through the tinted formula.

Retail price is £2.79 (200ml), £3.79 (350ml).

Bristol-Myers Co. Ltd.
Tel: 01895 628000.

A clean sweep for Cetaphil

Galderma (UK) is launching a Cetaphil Cleansing Bar as a soap substitute for sensitive skin.

The cleansing bar complements the existing Cetaphil Lotion which has been relaunched with new packaging. Both products are formulated to offer mild cleansing for sensitive and compromised skin and can be used on the face, hands and entire body.

Suitable for all skin types, both formulations are fragrance-free and soap-free. The cleansing bar (rsp £2.19) must be used with water. The lotion (rsp £6.54) can be used with or without water depending on personal needs and preferences.

In a recent clinical study, Cetaphil lotion was used as a cleanser in 442 patients with different types of eczema, rosacea, nappy rash, acne and other dermatoses. Its use produced a significant reduction in the itching and burning sensations, as well as in skin dryness in all the patients.

The launch will be supported by a £200,000 advertising campaign in national and regional newspapers and the dermatological and nursing press from November to June 1999.

McGregor Cory is the new UK distributor for Cetaphil products.

McGregor Cory.
Tel: 01295 277888.

Free conditioner with Weleda shampoo

Weleda will be promoting its hair products in December with a banded offer of a free conditioner with each Weleda shampoo.

The promotion will run across the company's 'frequent use' haircare range which comprises Rosemary Shampoo and Conditioner, Lemon Balm Shampoo and Conditioner and Calendula Shampoo and Conditioner.

A special trade parcel contains 18 banded pairs – six of each shampoo and conditioner. In addition to the two for one deal, a further 10 per cent trade discount is being offered for December. This discounted price of £29.32 (normal trade price £65.16) yields a POR of 35 per cent.

The promotion will be supported by a colour poster and a matching shelf talker.

Weleda (UK) Ltd.
Tel: 0115 9448222.

ON TV NEXT WEEK

Askit: GTV, STV, C4, GMTV

Deep Relief: C4, C5

Deflatine: GTV, STV, B, G, Y, TT

Pharmaton capsules: CAR

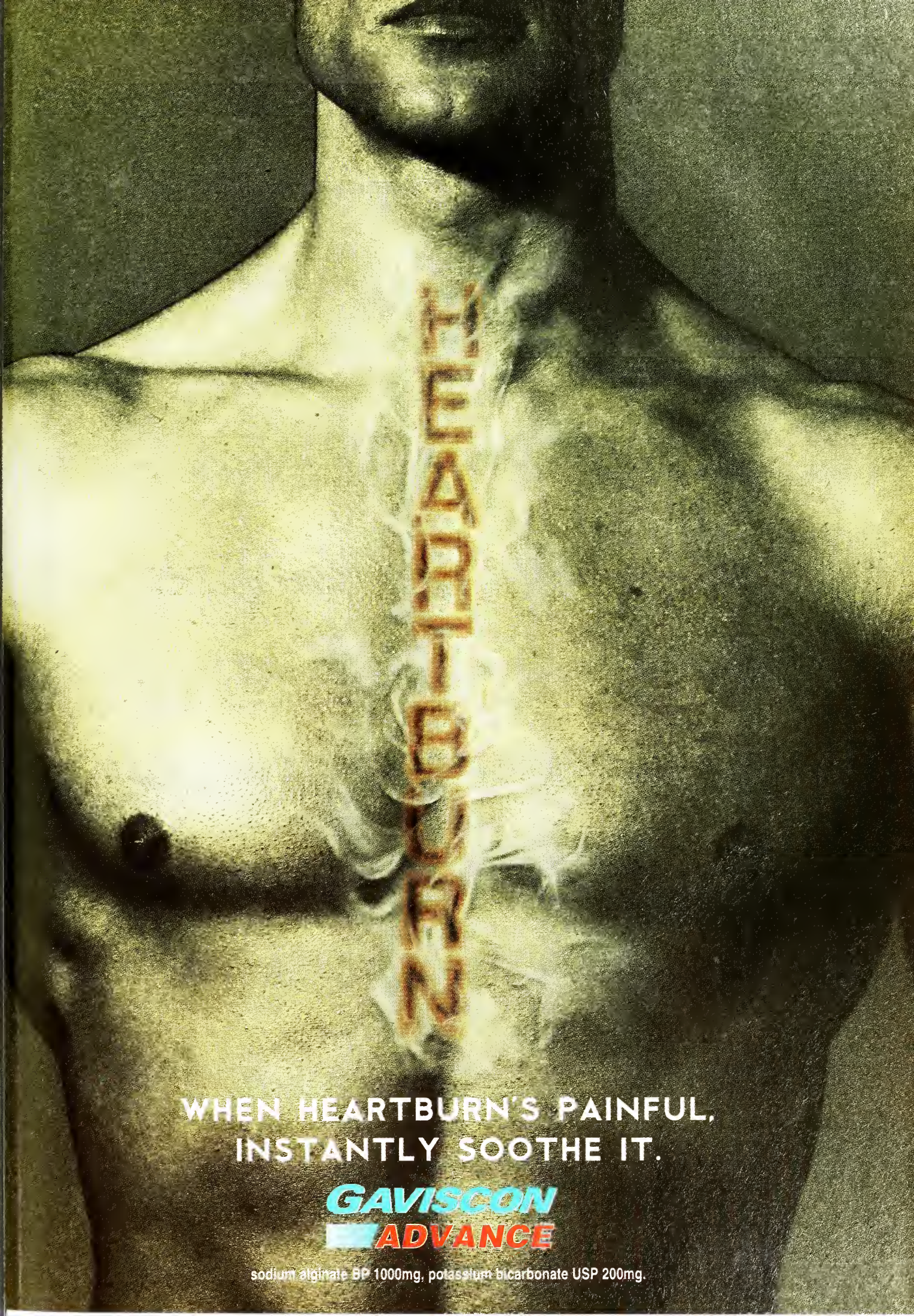
Prosport: Sat

Ralgex: Sat

Regaine Extra Strength: Sat

Seven Seas Extra High Strength Cod Liver Oil: C4, C5

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



WHEN HEARTBURN'S PAINFUL,
INSTANTLY SOOTHE IT.

GAVISCON ADVANCE

sodium alginate BP 1000mg, potassium bicarbonate USP 200mg.

Fujifilm launches cheesy photo competition

Fujifilm is launching a national photo competition through its Fujifilm Image Service members.

Customers can win a Fujifilm DL-95 Super Camera at each outlet plus the chance of being entered for the ultimate prize of a family holiday in Florida with £1,000 spending money.

Entrants have to use the Fujifilm processing service before November 30 and submit the most 'cheesy' photograph of one of their friends or family. Each Fujifilm Image Service Manager will judge the entries received at their outlet.

Fujifilm Image Service.
Tel: 0171 586 5900.

Masked hero helps kids to brush up on oralcare

Stafford-Miller is launching a new Sensodyne range of children's toothbrushes named after the classic adventurer Zorro.

The launch has been timed to coincide with the release of the Hollywood blockbuster 'The Mask of Zorro' which will be in UK cinemas this Christmas.

Designed for children aged five and over, the Sensodyne toothbrushes are soft textured with a compact head and angled handle.

The brushes are available in four colours and designs which capture the mood of the film.

Retail price is £1.99.

Stafford-Miller Ltd.
Tel: 01707 331001.

IN BRIEF

Alka-Seltzer campaign

Bayer Consumer Care is supporting Alka-Seltzer through the Royal Mail's latest 'I saw this and thought of you' poster campaign. A sachet of Alka-Seltzer is currently the focus of 500 poster sites for the Royal Mail.

Meltus on TV

Seton Scholl Healthcare will be running a new national TV campaign for its Meltus range during December.

Seton Scholl Healthcare plc.
Tel: 0161 654 3000.

Novartis to support Quit

Novartis Consumer Health has announced that it will be supporting Quit – the national charity which runs a freephone smoking cessation helpline (0800 002200).

Novartis Consumer Health.
Tel: 01403 210211.

Pharmacies forced to look again at health and beauty

Community pharmacies are being forced to re-evaluate their health and beauty trading strategies in response to growing competition from grocery superstores according to a new report* by Verdict, the retail consultants.

Grocers have captured an additional 5.9 per cent of share of spending on toiletries, cosmetics and OTC medicines over the past five years and now command as much of the market as health and beauty specialists. They are most successful in categories that do not require advice such as toiletries or bulky products like disposable nappies.

Tesco has had remarkable success in the health and beauty market. Its share has grown by almost 50 per cent over the past five years.

Superstores are becoming more aggressive in their move into the health and beauty market. Both Sainsbury and Asda are starting to follow Tesco and Safeway in operating their own pharmacies rather than relying on concessions, and are positioning the health and beauty area in the body of the store.

In the face of this inexorable rise in competition, Verdict has identified three main strategies that are being adopted to profitably differentiate health and beauty specialists from grocers:

- health retailers are increasingly introducing products and services to attract custom from people to stay healthy, rather than just cater for the sick
- community pharmacies are offering more treatment consultations to relieve pressure on GP surgeries
- beauty retailers are introducing more pampering services in order to complement image driven perfume and cosmetics ranges.

The report argues that there are too many pharmacies. The Government wants fewer, larger and more efficient pharmacies. Verdict states that between 9,000 and 10,000 chemists would be a more commercially viable number for the UK against the current total of 12,236.

Verdict believes that the removal of Resale Price Maintenance would have little impact as community pharmacies are used as convenience stores by people feeling unwell and therefore need not respond to discounting by superstores.

According to Verdict, consumers visit the high street to look for products to help them stay healthy. This provides high street retailers with the opportunity to provide an integrated approach to health and beauty and to expand the market with new products and treatments.

The report suggests that a more holistic approach needs to be taken by High Street specialists, incorporating health and beauty in a total care package rather than as two separate markets. A store selling herbal remedies alongside conventional drugs and treatments, offering services such as counselling, vaccinations, massage and reflexology, with a beauty centre that provides manicures, facials and advice, is a likely blueprint for the future.

*'*Verdict on Health & Beauty Retailers 1998' is published by Verdict (£890). Tel: 0171 255 6400.*

FREE

FREE

It's how Nicotinell makes your customers feel.

When your customers are ready to quit smoking it's Nicotinell they turn to for support from nicotine craving. They're free to choose from:

- The UK's No.1 Patch Programme available in 3 easy steps with 24 hours of relief in every patch.
- Regular 2mg and new 4mg Extra Strength fast acting gum in original Fruit and Mint that 7 out of 10 cigarette quitters prefer.
- Additional support for committed quitters with the Nicotinell Loyalty Programme.
- All backed by a £3 million heavyweight advertising campaign.
- And extensive trade and consumer PR coverage.

Even more reason to feel free to recommend Nicotinell with confidence.

The Nicotinell®

Stop Smoking Programme

Helps your customers set themselves free from smoking

Further information from: Novartis Consumer Health, Horsham RH12 5AB.
Or call 01403 218111 or e-mail nicotinell.info@ch.novartis.com Legal category: P.

Presentation: Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg and 4mg nicotine, in fruit and mint flavour. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. Patch: For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS30 once daily. Those smoking less should start with Nicotinell TTS20 once daily. Sizes 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for 3 months, but not beyond. However, if still smoking at the end of the 3 month period, further treatment may be recommended following a re-evaluation of the patient's motivation. Gum: one piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. **Contra-indications:** Non smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Discontinue use if a persistant skin reaction occurs when using the patch. Keep out of the reach of children at all times. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances gastro-intestinal disturbances and myalgia. Nicotine patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). Nicotine gum: may cause throat irritation, hiccuping, minor indigestion or heartburn. **Legal Category:** P. Retail Price and Product Licence Nos: *Nicotinell TTS10* (Nicotine) (PL0030/0107) in packs of 7 patches £15.29; Nicotinell TTS20 (Nicotine) (PL0030/0108) in packs of seven patches £15.99; Nicotinell TTS30 (Nicotine) (PL0030/0109) in packs of 21 patches £39.99 and 7 patches £16.99. Nicotinell Fruit 2mg (Nicotine) (PL0030/0110) and Nicotinell Mint 2mg (Nicotine) (PL0030/0112) in packs of 12 £2.49, packs of 24 £4.69, packs of 48 £8.99 and packs of 96 £13.99. Nicotinell Fruit 4mg (Nicotine) (PL0030/0111) and Nicotinell Mint 4mg (Nicotine) (PL0030/0113) in packs of 12) £2.75 and packs of 48 £9.99. **PL Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, RH12 4AB. **Date of Preparation:** June 1998.

What extra benefits and improvements can we expect from the latest colour cosmetics? John Woodruff, a consultant chemist specialising in formulation, reviews key ingredient changes to make-up

Cosmetic solutions

Make-up is a vehicle for transferring colour to human skin, in its simplest form. Originally this was by the use of coloured clays, charcoal and minerals and dyes from plants, fruit and berries. At around the turn of the century, the cosmetics industry found ways of incorporating these materials into sticks, creams and lotions and the decorative cosmetic was created. Lipstick was primarily pigments dispersed in castor oil and solidified in stick form with waxes. Foundation and cream make-up consisted of pigments dispersed in an emulsion. Loose and pressed powders were pigments dispersed in talc.

Improvements were slow. They were primarily related to enhancing manufacturing methods by providing better milling and grinding machinery and to improving product safety by controlling the quality, purity and toxicity of the pigments and dyestuffs.

The 1960s saw an explosion in the use of eye make-up. The dangers of microbial contamination in such a sensitive area were quickly realised and this led to better preservation of all cosmetic products.

The first pearl pigments were also introduced at this time, which stimulated major fashion changes but it was not until the mid-1980s that new materials spurred radical developments in the basic products.

The single greatest advance was probably the introduction of silicone compounds - recognisable as dimethicone, trimethicone and cyclomethicone on ingredient labels. These materials greatly improved application and wear characteristics.

This was the start of surface treatment of pigments, an aspect of ingredient improvement that is still very active. It aims to improve the dispersion of the pigment in the product and to make the product more even in application and more resistant to wear.

Multifunctional products

The formulations for decorative cosmetics are becoming increasingly multifunctional. Make-up products have long claimed moisturising attributes, but claims of UV protection and anti-wrinkle properties are relatively recent. UV protection is gained by incorporating micronised titanium dioxide or zinc oxide into the product.

If a product is properly labelled under EU legislation, the use of titanium dioxide or zinc oxide on the label implies its use as a UV protectant, otherwise, if it is used as a pigment they appear as CI 77891 and CI 77947 respectively.

Controlled release systems are increasingly used to add extra functions to decorative cosmetics and may be used to deliver vitamins, AHAs and other active ingredients over time.

A new introduction is the use of octylmethoxycinnamate entrapped in cyclodextrin to add to make-up for daily UV protection and tocopheryl acetate in powder form for vitamin E claims in loose and pressed powders.

Wrinkles can be disguised by blurring their appearance. This is achieved by the use of special pigments that diffuse reflected light giving a so-called soft focus effect.

Slip and lubricity are key words when discussing pressed and loose powder products. An increasingly popular way of enhancing these properties is by the use of inert spheres of polyethylene, polymethylsilsesquioxane or polymethacrylate.

Boron nitride is one of the best ways to improve these properties but prilled hydrogenated jojoba *(Buxus chinensis)* and prilled avocado *(Persea*

Continued on P22 →

Over the Counter/Miners Cosmetics

The formulations for decorative cosmetics are becoming increasingly multifunctional

SB

CUSTOMERS THAT WANT TO STOP SMOKING WILL BE LOOKING FOR HELP.

WILL THEY FIND IT ON YOUR SHELVES?

STEP 1

- **The smoking cessation market is worth 7.4% of P-line sales and growing at +19.7% Y.O.Y.**

  Ensure you allocate at least 7% of backwall space to this category.

  Data Source: IMS, Total Market, P-lines, MAT Aug 98

STEP 2

- **Site the category at eye level so it is clearly visible to your customers.**

STEP 3

- **People buy either patch, gum or inhalator so merchandise sub categories together whilst maintaining brand blocking.**

→Continued from P20

gratissima) esters are effective and also add natural claims.

Hollow beads of amorphous calcium aluminium borosilicate are said to be totally inert, have good covering power and they impart a soft silky feel with 'soft focus' properties when they are used in powder products and emulsions.

Hydrophobic mica particles may be surface-treated with methicone to improve skin adhesion and powder binders based on PTFE, corn gluten protein and synthetic wax are all to be found.

Brighter colours

Pigment manufacturers continue to introduce new shades and the colours seem brighter and more colourful than ever.

The makers of pearl effect pigments strive for improved lustre and transparency and a new introduction is a black iron oxide coated onto mica so the black base colour sparkles with gold, red, blue or green on application. There is also a new orange for unique colour effects for use in lipsticks, eye shadows and nail enamels.

Nail enamel technology has been slow to improve but is also now undergoing an explosion of product development. Alternatives to the use of toxic solvents are being investigated and water-based enamels, with application and wear characteristics to match the more traditional forms, are making their appearance.

Quick drying enamels have the disadvantage that they require more skill in application. New technology ensures that the underlying film adhering to the nail remains fluid after the topcoat has dried. As a result, it flows better and is much easier to apply.

Looking ahead to the next millennium, further advances in the surface coating of pigments will ensure the creation of ever more durable products with less colour change during wear.

There will be increasing interest in adding solar protection and anti-ageing functions and sustained release mechanisms will be used to deliver the active ingredients over the extended wear time of the cosmetic.

Safety will be paramount and the use of unsuitable solvents such as toluene in nail products will be superseded by new developments in polymers and resins making their use redundant.

● The European Preservatives Information hotline number is 0800 783 0141.

Beauty customers confused about preservatives

European consumers are largely unaware that preservatives are used in cosmetics and toiletries in order to protect users against micro-organisms.

That was one of the key findings in a recent survey commissioned by Rohm and Haas, a leading producer of biocides, which are used as preservatives in personal care products.

As a result of the research, the company has launched an information campaign to improve awareness and understanding about the role of preservatives. It has also set up a preservatives information hotline in six different European languages.

Cosmetics and toiletries are breeding grounds for micro-organisms. The more 'natural' (as opposed to synthetic) the host products are, the more easily micro-organisms thrive and multiply.

Despite all the caution that goes into their production, cosmetics and toiletries always contain a tiny quantity of micro-organisms. Their presence in raw materials and water can never be eradicated.

Bathrooms, where cosmetics and toiletries are most often kept, are hotbeds for micro-organism growth. Stimulated by the bathroom's steamy atmosphere, micro-organisms can affect cosmetics and toiletries in three ways:

- **they can divest a product of its essential properties. For example, micro-organisms can break down thickening agents, causing creams to lose their softness and become oily**
- **they can change the way a product looks. An affected product can change colour or develop an unpleasant odour and mould can appear on the surface.**
- **they can make products less safe for users. This can mean introducing the risk of irritation, infection or an allergic reaction to a micro-organism or a metabolic product. When micro-organisms produce certain gases, they can also cause containers to inflate or even to burst.**

EU regulations

In the EU, each gram or millilitre of cosmetics and toiletries may contain no more than 1,000 micro-organisms and this figure is lowered to 100 in the case of products used in or around the eyes and for babies. It is the responsibility of the manufacturer to see that these levels are not exceeded, even after products are opened and used.

Adding preservatives to a product is the most efficient and frequently used means of controlling the development of micro-organisms. Usually, only tiny quantities are necessary, representing between .0007 and 1 per cent of a product. These anti-microbial agents function in different ways – by making the cellular walls of micro-organisms permeable, by suffocating them or by preventing them using or producing energy or any other element necessary to their growth and survival. Minuscule amounts of preservatives can kill or limit the growth of billions of bacteria and ensure the stability of cosmetics and toiletries during production, storage and use.

Without preservatives, refrigeration is the only way to conserve cosmetics and toiletries. Even so, certain pathological micro-organisms thrive at low temperatures and storing anti-wrinkle cream next to children's desserts is not always a good idea. Another solution is packaging designed for one time use, which eliminates the need for long-term conservation but also raises concerns about pricing and the environment.

NEW MOUSSE

JUST WHEN THEY THOUGHT IT COULDN'T GET WORSE...

Along comes Full Marks Mousse, an effective and convenient way to combat head lice.

Full Marks Mousse comes in a modern format, is pleasant to use with low odour, and has a treatment time of just 30 minutes.

Full Marks Mousse complements the Full Marks range, giving you more choice for recommendation.

Full Marks
PHENOTHRIN **Mousse**

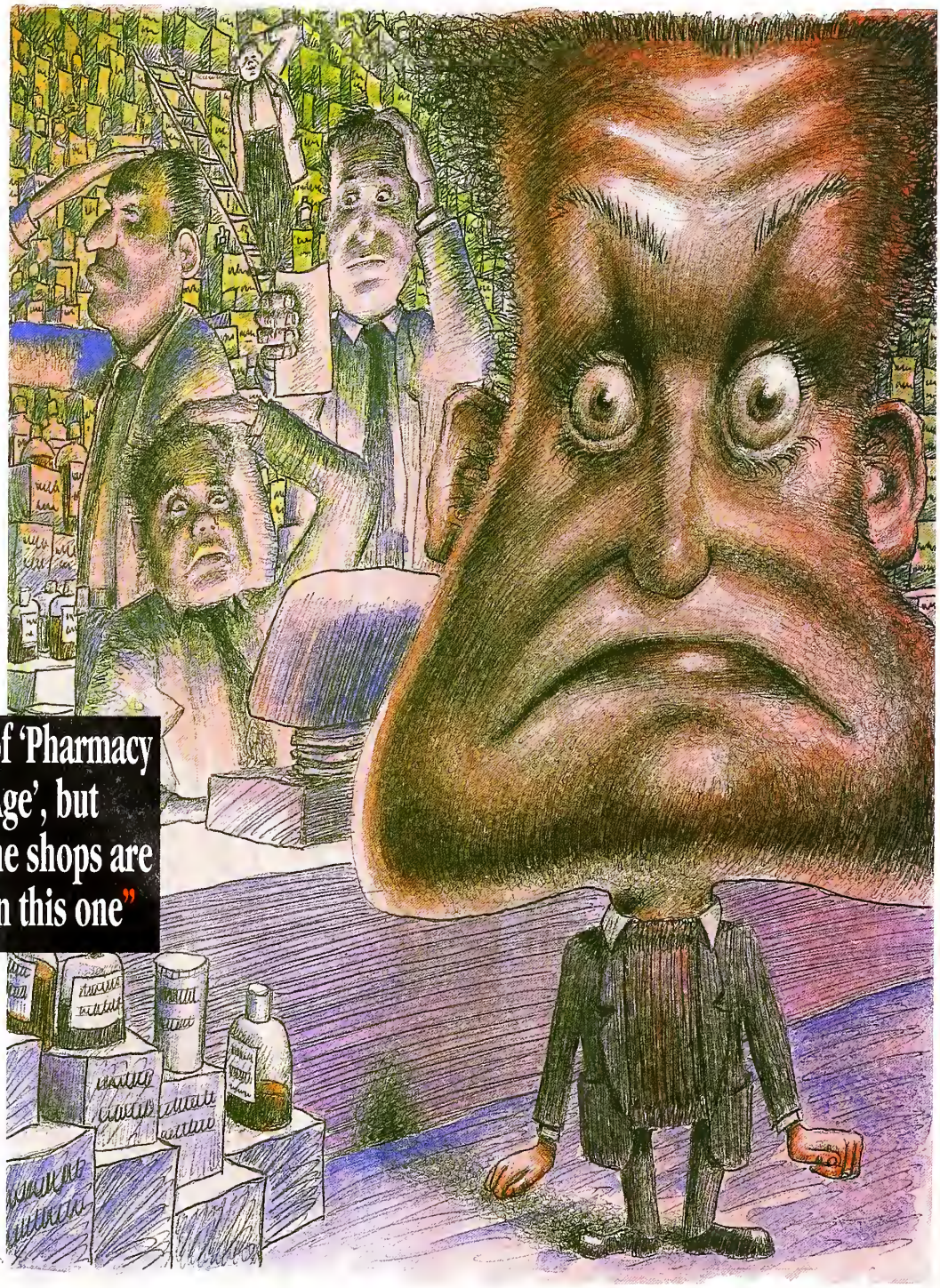
WHEN PYRETHROIDS ARE THE TREATMENT OF CHOICE, LOOK NO FURTHER THAN THE FULL MARKS RANGE.

Full Marks Mousse Prescribing Information. Indications: For the treatment of head lice infestation. **Active Ingredient**: Phenothrin 0.5% w/w. **Dosage and Administration**: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc**: Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. This treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable, so apply with care and do not use artificial heat eg. electric hair dryers. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with this product should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to Pyrethroids. **Legal Category**: P. **Price**: 50g £3.99, 150g £8.99. **Product Licence Number**: PL11314/0102. Product Licence Holder: Seton Products Limited, Oldham OL1 3HS. Full Marks is a Trade Mark of Seton. **Date of Preparation**: July 1998.

Seton Scholl Healthcare plc

In the twilight zone

Becoming a locum after managing a pharmacy for 18 years can be an eye opener, as one pharmacist from the North-east reveals



Guy Prebble

The basic problem that a locum suffers from on a day-to-day basis is a lack of communication. Owners and managers simply don't leave messages for their staff or locums.

It is all too easy to be put off if you turn up for a day's locum only to find the shop is badly run and organised. No-one knows about that script for drug X; if Mrs Y's tablets have arrived yet; and where that surgical collar is.

"We talk of 'Pharmacy in a New Age', but many of the shops are not even in this one"

I know that some locums can and do perform miracles for their surrogate employers. Those are the good times. At the worst of times it can be a lonely and unfulfilling occupation.

So if there is one thing I would say to pharmacy managers, it is "communicate". Leave messages. If it's important, write it down in a diary. It's so simple and can save hours of aggravation. Encourage staff to do likewise. It's good to talk, so do it. It's also a basic human need.

It's easy for me to say: "But I'm only the locum". This doesn't help your business or the customer, who is now thinking how inefficient the pharmacy is. One customer potentially lost forever.

Most locums will go out of their way to provide a good, reliable service, but our training does not yet encompass the feeding of the 5,000 with five loaves and two fishes. Until it does, many of the problems that face community pharmacy will remain.

Pharmacies are often poorly stocked with goods and understaffed. Leaving a locum pharmacist and one girl in the shop for the first two and the last two hours of each day may save money, but it's not exactly excellent PR for pharmacy when customers are queuing out of the door.

And it gets worse if, having waited 20 minutes, they are then told that their prescription items are not in stock. They probably are – but neither pharmacist nor assistant can find the items in the dispensary.

I've been in shops where no-one knows anything about the computer system, and sometimes precious little about the shop. Nobody knows how to print a label, how to order or even how to get into the computer when it

Continued on P26→

now even patients with the most sensitive skin can enjoy the pure pleasure of skin cleansing

For patients with sensitive and compromised skin, cleansing can be an irritating and unpleasant experience. But now, with the unique mildness of new Cetaphil, it can at last be a pleasurable one. In one of the most rigorous safety tests available Cetaphil lotion was compared to two leading cleansers. Of the three, Cetaphil was the only cleanser to provoke no irritation after 72 hours application to compromised skin.[1] Cetaphil is pleasant smelling and can be used by the whole family. It comes as a lotion for the face and a bar for the rest of the body. New Cetaphil. Not only does it satisfy patients' medical needs, it satisfies their emotional ones too.

Cetaphil. The mildest skin cleanser you can recommend.

1. Baker, M.D. 1985. Chamber Scarification Test.

The Cetaphilosophy. Caring for skin should be more than skin deep

→Continued from P24

is switched on, because no-one has told them the password. "Oh Jenny knows, but she's gone out for the day"

How many times have I seen 16 or 17-year-olds working at the shop after going to school that day, being put in sole charge of locking up and cash security. And this is mainly the large chemist chains I'm talking about.

It is surprising that some of the best places I have ever worked in are pharmacies in run down inner town areas, where the staff are treated like dirt, are expected to do everything and have no official break. Some firms don't even pay their staff if they are off sick. It makes a mockery of winning the 'Investors in People Award' which is hanging proudly on the wall, doesn't it?

Many of these girls have hearts of gold and a resilience to anything that is thrown at them by the management. They have a willingness to please the customer and are a glowing advert for pharmacy. What a pity they are rewarded in such a poor way – a cleaner at Tesco is paid more.

Working in pharmacies like these can give a feeling of a job well done and a great buzz. These shops usually deal with a large number of addicts as well as more run of the mill customers, but even with this nuisance the staff are still able to smile and enjoy a joke. Yes, the shops are usually depressing to look at and in need of a lick of paint on the outside, but inside there is warmth and dedication to the customer.

Compare this to some shops where even to smile and talk seems a hardship for the staff. Imagine working in shops where staff are consistently rude and unhelpful to you as a locum, and customers are kept waiting. Why is it that every script "will be about 20 minutes", even when it's only a tube of cream or one inhaler and no-one else is waiting in the shop.

We talk of 'Pharmacy in a New Age', but many of the shops are not even in this one. Many are untidy and downright dirty. Printers are balanced on top of unopened magazines, or rest on Martindale (nice to see it being used).

Most pharmacies arrange drugs in the dispensary alphabetically; some still do in manufacturers' grouping. Fast movers are sometimes "on the bench in front of you", "in a drawer over there", "kept in the back", or "in a box over there on the floor".

I enjoy dealing with people. Different pharmacies leave differing impressions. Some aspects are refreshing, some are not. It's a bit like life itself.

The ups and downs of managing a locum agency

Nilesh Chavda, once a locum himself, now manages his own locum agency, as well as running his own pharmacy with the help of his wife, Bina, also a pharmacist.

The idea of setting up his own agency came after doing locums via other agencies and being shabbily treated by at least one. His first step was to set up a Limited company and put a budget aside for advertising. Making his prospective clients aware of his services wasn't an issue as Nilesh already had a valuable network of contacts.

Although the agency, FTe, is now well established, Nilesh still does a few days as a locum each week. He strongly believes that locums should be treated with respect. Feedback from his locums and meeting their needs is what helps keep them on his list. He also collects constructive feedback from his clients, particularly area managers from the multiples he provides locums to their business needs.

A major issue for many locums is the speed of payments. He also tries to avoid any last minute location changes, and doesn't pressure them to go to pharmacies which they don't like going to.

Nilesh's biggest nightmare is having to turn down calls from prospective clients for locum cover. Saturdays are a regular problem, because not many locums are willing to work at weekends. As far as emergency cover is concerned, it helps having a pharmacist as a wife.

After a disastrous booking from a multiple in Yorkshire, all his locums are checked out, not just with the Royal Pharmaceutical Society, but also with the police to make sure they haven't got any convictions.

The other big worry is locums not turning up for their assignments because they are double booked or otherwise. Such problems can be resolved, particularly by building a strong working relationship with the locums he employs.

Advertising is important to keep any business running, word of mouth and a good reputation goes a long way, as does getting major wholesalers to help distribute his promotional flyers.

Nilesh doesn't believe the price of locum services is a big issue. His biggest concern is having to chase up payments from clients: cash flow is important to keep him afloat. He is in touch with both locums and clients on a 24-hour basis via a mobile phone. Late night or early morning calls are a common episode. Organisational skills are paramount, which means locum co-ordinator, Sarah Rayner, has a key role.

PHARMACYupdate

Bowel cancer

Bowel cancer is the second most common cause of cancer death in the UK, however, if it is caught early, it is one of the easiest to manage. Cecilia Yardley, information co-ordinator at Colon Cancer Concern, gives an overview of the disease and outlines the importance of early detection

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1107), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* DECEMBER 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the rising incidence of bowel cancer
- To recognise the symptoms of the disease
- To be aware of the screening tests available
- To recognise the importance of early detection
- To be familiar with colostomy and ileostomy products available

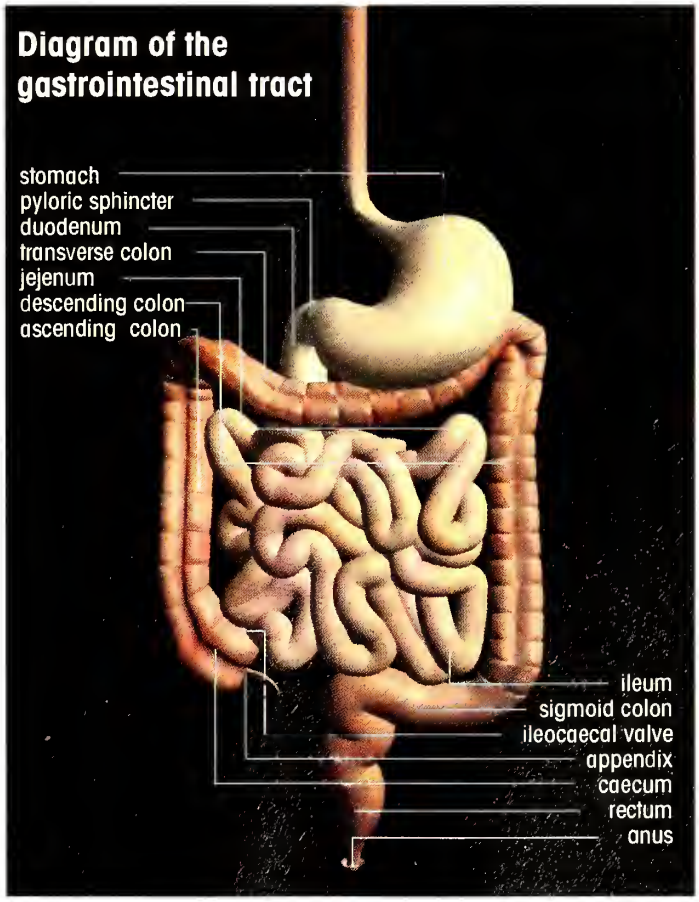
Colorectal cancer (cancer of the large bowel) is the second most common cause of cancer death in the UK. Over 30,0000 people each year are diagnosed with the disease, which affects both men and women. Every year, around 18,000 people die of bowel cancer – almost 50 a day.

Most cases of bowel cancer appear in people aged between 60 and 80 years old, but in a few instances the condition affects patients under the age of 45, largely because of a strong genetic predisposition to the disease. People with long-standing and widespread inflammatory bowel disease or a history of developing polyps in the bowel are also at higher risk. Bowel cancer is primarily an illness of the developed world and there is evidence that up to half the cases could be prevented by having a healthier lifestyle with a better diet and more exercise.

Epidemiological descriptions aside, bowel cancer has been called the 'Cinderella' cancer: the one that gets left behind because it is too embarrassing to bring out into the open. At long last, the British taboo about discussing bowel habits is being challenged, but many people still cannot distinguish between stomach and bowel problems and are largely unaware of the symptoms of bowel cancer. Initiatives such as National Bowel Cancer Day (annually at the end of April) have raised awareness of the symptoms and extent of the disease.

The Government's commitment of £10 million this year to improve services for bowel cancer patients, and its announcement in September of pilot sites for national screening, show a new resolve to tackle the disease, which is highly curable if caught early. These latest Government initiatives follow the publication at the end of 1997 of guidance from the Clinical Outcomes Group: 'Improving Outcomes in Colorectal Cancer'. The research evidence supporting these guidelines indicates high levels of public and GP delay in recognising symptoms which are significant and require further investigation. A well-informed pharmacist could provide a vital prompt to a patient who does not realise that his or her symptoms might be of high risk.

Diagram of the gastrointestinal tract



Incidence

The incidence rate of colorectal cancer per 100,000 of all ages is 53.5 for men and 36.7 for women, but it is very largely a disease of the older population. Age-standardised rates for the disease in 1992 were:

- four per 100,000 among people aged under 50
- 100 per 100,000 among people aged 50-69
- 300 per 100,000 among people aged over 70.

For colon cancer, there is a female-to-male predominance of 4:3, while for rectal cancer there is a male-to-female predominance of 4:3. Approximately two-thirds of cancers in the large bowel lie in the rectum and sigmoid colon, within reach of a flexible

Continued on PII →

Continued from PI

sigmaidoscope. Abaut a quarter af lorge bawel tumaurs lie in the right side af the calan. The transverse and descending colan are relotively rorely offected.

Epidemiology

As bowel cancer is a comporotively common diseose, roughly 10 per cent af the papulotian aver the age af 50 will have an affected relative. Ta address the anxieties af these peaple about their chonces of developing bawel cancer, it is helpful ta draw the distinctian between o 'positive' fomily history ond o 'significont' one. People with o single relative diagnosed aver the age af 60 have the same risk af getting bawel concer as the generol populotion. However, o potient has o significont fomily histary if:

- twa ar mare clase relatives (porent, child, sibling) hove had bowel concer, or
- ane clase relative has had bawel cancer ot 45 yeors ar younger.

Where ane ar both af these criteria apply, there is a passibility thot the potient could be offected by ane of twa rare genetic syndromes that lead ta bowel cancer ot o relotively eorly oge. Hereditary nan-palyposis colarectal cancer (HNPCC) accounts far araund 5 per cent af coses of bowel cancer; fomiliol adenomatous palyposis (FAP) accaunts far abaut 1 per cent.

Around 1 per cent of bowel cancer cases develap from widespread and lang-term inflammatary bawel disease. Potients with ulcerative colitis extending beyand the splenic flexure and/ar af mare than eight years' duratian are at greatest risk. Chronic Crohn's disease also confers an increased risk of colarectal cancer.

Patients at high risk of bowel cancer, through family ar medical history, shauld be encauraged to go to their GP in order to discuss genetic counselling ond surveillance far the disease. In advance of their visit, it con be helpful far them ta draw aut their fomily medicol history including relotives who hove had cancer (af the bawel, stomoch, kidney, blodder, breast, uterus ar ovaries) or ather bowel disorders.

About three-quorters of the cases af bowel concer ore described as 'sporadic', affecting people with neither a pasitive family history nor any condition known to predispose them ta calorectal concer.

Diet and lifestyle

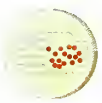
Bowel cancer is comman in developed countries such as the UK, US, Canada, Australia and New Zealand, where the diet is typified by high fat and low fibre consumption. In Japan, by cantrast, bowel concer is rare, but its incidence rises amang peaple of Japanese arigin as they move ta the West, suggesting that dietary factars may well be important in the aetialagy af the disease.

Severol hypotheses have been advanced far the high accurrence af bowel cancer where there is a 'Western' diet. The most comman are:

- changes in the bowel flara produce carcinagens fram the ingested faad
- slaw transit time af waste praducts assaciated with law fibre diet allow such carcinagens to take effect.

Current dietary advice is that the general papulation should consume at leost 18 grams af fibre per day, samething anly ane in five af us manage ta da. Vegetables, cereals and dried fruit ore good saurces of fibre. When encauraging peaple ta build up their fibre intake, it is impartant ta stress that they shauld take in enaugh fluids (the current recommendation is at least twa litres, the equivalent af abaut ten cups per day). Where fibre fram a balanced diet is nat sufficient ta ensure satisfactory transit time and gaad staal farmatian, the patient may benefit fram a bulking agent. Patients presenting with pain and distensian may already be consuming vast quantities af fibre. If this seems ta be the case, they may benefit fram reducing their intake.

While consuming mare fibre, individuals shauld balance the amaunt af fat in their diet. Fat should make up 30 per cent af the tatal calorie intake. There is evidence ta suggest that people wha are abese, ar have a sedentary lifestyle, are mare prone ta bawel concer. Therefare, public health messages about the benefits of exercise apply to bowel concer just as ta heart disease.



Symptoms

The symptoms af bowel cancer are also widespread in other far more common and nan-life-threatening bowel conditions such as piles, irritable bawel syndrame, calitis and diverticulitis. Recent research shaws that some symptoms are particularly 'high risk' and these are described below.

- A persistent change in bowel habits from what is normal far the potient: going to the tailet more often ta pass a matian or having continually diarrhaea-like motians for more than a few weeks without a camplete return to narmal bowel action. A change in bowel habits accompanied by rectal bleeding is an even more significant potential symptom. In yaung patients, a change in bowel habits is commanly associated with irritable bowel syndrome (IBS). Bleeding is nat a symptom of IBS and may be due ta anather co-existent problem, such as piles, but shauld be investigated. Late-anset IBS is unusual, so peaple aver 50 presenting with IBS-type symptams shauld be investigated.
- Rectal bleeding without any ather symptam: one in seven peaple, narmally in the yaunger papulatian, suffer fram rectal bleeding every year. Cammon causes of rectal bleeding ore piles and small cuts ar tears in the bowel. Piles are identified by ather symptams such as lumps, bumps, pain, soreness and itching. Rectal bleeding accampanied by hard motions, straining ta ga ta the tailet and a sare battam that gets better aver a few weeks is almast certainly due to piles. If the patient is experiencing bleeding fram the back passage withaut any of these symptams, the bleeding must be investigated.
- Rectal bleeding in the alder age graup: bearing in mind the age distributian af bowel cancer, patients aver 60 with rectal bleeding shauld be investigated as piles may be masking more serious symptams.
- Other high risk symptams: unexplained anaemia with or without tiredness (some patients may describe extreme fatigue, dizziness ar breathlessness), a mass in the abdamen, recent and persistent severe calicky abdaminal pain in the older age graup (in yaunger peaple, pain of this type is aften a symptam af IBS).

Patients experiencing altered bowel habits and/or bleeding may already be quite anxious, especially as 'unpredictable' bowel habits can seriously restrict narmal daily activities. It is nat unheard af for patients, especially wamen, to be sent away from the doctor and tald that their symptoms are 'nothing to worry about' or 'all in the mind'. While there is definitely a stress-related component in some cases of IBS, when patients keep coming back for consultations/ medication because their bowel problem has not responded ta treatment or 'cleared itself up', further investigation is required. It can be helpful to suggest that the patient keeps a 'symptom diary' for twa weeks recording:

- time af bowel movement/pain/ other symptams
- product af bowel movement
- diet
- medication,

and that they note:

- sources of stress/lifestyle factors (halidays, changes in diet or exercise, digestive problems within family ar working circles, etc)
- past medicol history (digestive/bowel prablems and operations).

Twenty per cent af patients wha undergo surgery for colorectal cancer are admitted as emergencies. They will prabably have experienced symptams (mast aften decrease in bowel habit, abdaminal pain and vamiting) for about three weeks. In up ta a quarter af emergency cases, symptams may be present for three manths before admission.

While some patients will be very aware af changes in their bowel function, and may automoticolly think the worst, athers will ignore ar explain away their symptoms. There is considerable evidence af delays, often lasting a year or more (median delay seven ta ten months), between the onset af symptams af colorectal cancer and diagnosis. Potient delay in presentation at the GP's surgery (typicolly at least three manths) can be due ta fear, embarrassment or ignorance. GP delay is sametimes the result af a failure to carry aut adequate rectal or abdaminal examinations, or to make appropriate referrals because af an assumptian that symptams are not serious. A pharmacist concerned that a patient may nat have had appropriate investigatian far high-risk symptams could ask what tests he ar she had had.

Tests

Some pharmacists are naw stacking an aver-the-counter immunachemical faecal occult blaad (FOB) test kit, which responds only ta human blaad (an improvement over guaiac tests). This test is most appropriate for peaple aver the age of 50, who shauld be made aware that it is not a 'cancer test' but will indicate the presence af hidden blaad in the stool, which may be due ta a wide variety af causes. Clearly, the test is of no use to people experiencing frank bleeding. If an FOB test returns a positive result, the patient shauld go ta the GP for further investigation.

The GP can perform ar order several simple tests:

- digital rectal examination
- palpation of abdomen
- faecal occult blood test (usually haemaccult-style guaiac test)
- full blood caunt to exclude anaemia.

If the patient needs further investigation, the doctor can refer to a haspital clinic for additianal tests:

- flexible sigmaidascopy: visualises 50-60cm af the large bawel, allowing the endascopist to identify changes in the appearance af the bowel lining (tumaurs, polyps, ulcers etc) and take biopsies if necessary. The test is performed withaut sedation and usually without bowel preparation and takes approximately ten minutes

Continued on PIV →

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Detrusitol™▼ Abbreviated Prescribing Information. **Presentation**: *2 mg tablet*: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters DT) containing tolterodine L-tartrate corresponding to 1.37 mg tolterodine. *1 mg tablet*: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters TO) containing tolterodine L-tartrate corresponding to 0.68 mg tolterodine. **Indication**: For the treatment of unstable bladder with symptoms of urgency, frequency or urge incontinence. **Dosage**: **Adults**: 2 mg bd except in patients with impaired liver function where 1 mg bd is recommended. The dose may be reduced to 1 mg bd if side-effects are troublesome. Review after 6 months. **Children**: Not recommended. **Contraindications**: Patients with urinary retention, uncontrolled narrow angle glaucoma, myasthenia gravis, known hypersensitivity to tolterodine or excipients, severe ulcerative colitis or toxic megacolon. **Precautions & interactions**: Use with caution in patients with significant bladder outlet obstruction at risk of urinary retention, gastrointestinal obstructive disorders, renal disease, hepatic disease (see dosage), autonomic neuropathy or hiatus hernia. Organic reasons for urge and frequency should be considered before treatment. Concomitant treatment with potent CYP3A4 inhibitors, such as macrolide antibiotics (e.g. erythromycin) or antifungal agents (e.g. ketoconazole) should be avoided until further data are available. The ability to drive and use machines may be affected by visual accommodation disturbances. A more pronounced therapeutic effect and side-effects may be seen if used with other drugs that possess anticholinergic properties. Muscarinic cholinergic receptor agonists may reduce the effect of tolterodine, whereas tolterodine may reduce the effect of metoclopramide and cisapride. Pharmacokinetic interactions are possible with other drugs metabolised by or inhibiting cytochrome P450 2D6 (CYP2D6), or CYP3A4. No interactions seen with warfarin or combined oral contraceptives (ethinyl estradiol/levonorgestrol). No clinically significant interaction with fluoxetine. **Pregnancy & lactation**: Until more information is available tolterodine should not be used during pregnancy or lactation. Women of fertile age should be using adequate contraception. **Side-effects**: Those reported include: *common (>1/100)* dry mouth, dyspepsia, constipation, abdominal pain, flatulence, vomiting, headache, xerophthalmia, dry skin, somnolence, nervousness and paresthesia; *less common (<1/100)* accommodation disturbance and chest pain; *uncommon (1/1000)* allergic reactions, urinary retention and confusion. **Overdose**: In the event of tolterodine overdose, treat with gastric lavage and give activated charcoal. Treat symptomatically. **Legal category**: POM **Pack sizes**: Detrusitol 2 mg and 1 mg in cartons of 56 containing 4 blister strips of 14 tablets each. **N.H.S. Price**: Detrusitol 2 mg (56) £32.00, Detrusitol 1 mg (56) £28.80. **Marketing Authorisation numbers**: Detrusitol 2 mg tablets PL 0032/0223, Detrusitol 1 mg tablets PL 0032/0222 **Marketing Authorisation Holder**: Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes MK5 8PH, UK **Date of Preparation**: February 1998. **References**: **1**. Nilvebrant L et al. Eur J Pharmacol 1997; 327:195-207. **2**. Malone-Lee JG et al. 27th Annual Meeting of the International Continence Society (ICS), 1997, Yokohama, Japan (Study 012). **3**. Abrams P et al. 92nd Annual Meeting of the American Urological Association (AUA), 1997, New Orleans, USA (Study 008).

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Continued from PII

- calanascapy: visualises the whole af the large bowel through to the caecum and allows the endoscapist ta perform biopsies and palypectamy. Patients usually undergo bawel preparation and sedation and the test lasts 30 to 45 minutes
- double contrast barium enema (DCBE): an X-ray technique which identifies constrictions and tumours greater than 1cm. Patients usually underga bowel preparatian and sedation and the test lasts around 30 minutes.

Flexible sigmoidascopy and DCBE cambined have a sensitivity and specificity of around 98 per cent, equivalent to colonoscopy an its own. Other investigatians include ultrasound and CT scanning, liver function tests and chest X-rays to exclude metastases.

Screening and surveillance

The purpose of populatian screening is ta identify nan-symptamatic sufferers at an early stage in order to improve their chances af survival.

The Gavernment announced its intention to run pilot studies for papulation screening for bawel cancer in September this year; details of the sites and the screening protocal will be annaunced early in 1999.

Randamised cantral trials af bowel cancer screening in the UK, Denmark and US show that faecal accult blaad papulatian screening leading ta calanascapy or DCBE and sigmoidoscopy offers a 14-30 per cent survival impravement aver na screening. FOB testing will anly detect araund 25 per cent of cancers, sa health education to reinforce protective measures and symptom awareness is vital ta lower the incidence af sparadic bawel cancer. Individuals at high risk of developing bowel cancer should be affered regular colanoscopic surveillance.

Treatment options

The first line treatment for primary bawel cancer is surgery. Chemo- or radiatherapy may be offered, depending on the extent of the disease revealed by visualisation ar histological examination of the remaved tumour (and lymph nades). See Table 1.

Radiotherapy is usually affered only to patients with rectal cancer, sametimes pre-aperatively ta shrink the tumaur ta make it mare easily aperable, sametimes post-aperatively ta prevent recurrence. Chemotherapy is affered as an adjuvant therapy, usually to patients with a Dukes' C tumour, althaugh sometimes ta patients with Dukes' B tumours. Its benefit for Dukes' B patients is not proven; far Dukes' C cases, it canfers an additional survival benefit of between 2 and 10 per cent (often cited as 6 per cent).

Table 1

Dukes' Stage (modified)	Definition	Approximate frequency at diagnosis	5-year survival
A	Cancer locolised within the bowel woll	11%	83%
B	Cancer which penetrotes the bowel woll	35%	64%
C	Cancer spreod to lymph nodes	26%	38%
D	Cancer with distont metostases (most often in the liver)	29%	3%

Table 1: Frequency and survival statistics based on data from 777 patients at St Vincent's Hospital colorectal cancer database, Dublin (Mulcahy, 1997, personal communication). Note that stage frequency and survival figures vary widely between published series from different centres [Source: Improving Outcomes in Colorectol Concer: The Monuol]

Colostomy/ileostomy

Sometimes during bowel cancer surgery it is necessary to create a stoma, an apening on the abdaminal wall ta which the bowel is attached allowing evacuation of digestive waste into a bag.

Numeraus appliances are available on prescriptian ta suit the individual needs of the patient. It is important that the appliance fits snugly and correctly. All patients requiring appliances an a permanent basis are exempt fram prescription charges irrespective of age. A temporary stoma is nat classed as a category for prescription exemption. For these products it may be more cast-effective for the patient ta abtain a pre-paid certificate for prescription charges.

Seventy per cent of stomas are temparary and reversed in the period between six weeks and twa years after the initial surgery. Patients experiencing problems with their stama should see their stama nurse ar cantact the British Calastamy Assaciatian.

All stama praduct manufacturers have a freephane cantact number far enquiries abaut their specific praducts. Discretian at the time of handing aver a package of stama praducts is much appreciated by patients.

Post-operative care

Immediately after surgery, patients will need ta build themselves up and far same, fortified drinks may be apprapriate. In the langer term, many patients experience diarrhoea after bowel surgery. For such patients, antidiarrhaeal agents such as codeine phosphate, laperamide and co-phenatrape may be of value. If taken at night, they may diminish early marning stool frequency. Patients with post-operative diarrhoea shauld be encouraged ta drink plenty af fluids and eat small, regular meals with a low fibre content. Where dietary advice is required, the GP can refer them ta a cammunity dietician.

Patients undergaing radiotherapy may experience side effects such as tiredness and skin sareness, like sunburn, at the site af radiatherapy; thase receiving chematherapy may have diarrhoea, a sore mouth, vomiting and a burning sensation in their hands and feet. Many patients would prefer ta 'saldier an' rather than create wark far their hard-pressed medical team. Sametimes, a gentle prompt to raise problems with the dactor or the nurse can baast the patient's confidence and help them achieve better treatment.

After bowel cancer surgery, many patients are cancerned abaut recurrence.If they experience changes in their body that they cannat accaunt for as a camman camplaint such as cold ar flu, ar have symptams that persist or keep caming back, they shauld talk ta their doctor without delay.

Symptoms ta watch out for are gastraintestinal problems, abdominal pain, a change in bawel habit, a feeling of weakness ar exhaustian, unexplained lass af appetite, unexplained weight change, frequent headaches, jaundice ar a persistent cough.

In the first 12-18 manths after surgery, a patient shauld underga follow-up checks. If these come back clear, the interval between fallaw-up appaintments typically draps fram three ta five years.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

RESOURCES

For further information about bowel cancer contact:
Colon Cancer Concern, 4 Rickett Street, London SW6 1RU Infoline: 0171 381 4711

British Colostomy Association – information, advice and support following a colostomy operation. Tel: 01189 391537

CancerBACUP – information, counselling and support for people with cancer, their families and friends. Tel: 0800 181199, Tel: 0171 696 9000

Cancerlink – support and information on all aspects of cancer for people with cancer, families and friends. Tel: 0800 132905 or 0800 591028 (young people)

Macmillan Cancer Relief Specialist care for people with cancer. Financial help through patient grants. Tel: 0845 601 6161

The Crocus Trust – a charity campaigning for better awareness of bowel cancer. Leaflets and posters can be obtained from PO Box 360, Twickenham TW1 1UN.

ACTION PLAN

1. In your practice workbook list the symptoms which suggest a consultation with the doctor to exclude colorectal cancer would be worthwhile.
2. Do you stock an occult faecal blaad testing kit? Should you?
3. Have you any patients undergoing radiotherapy for or after colorectal cancer treatment? Discuss with them any side effects they experience. Can you help solve these minor problems or should they be referred? To whom?
4. Develop a protocol to handle the handing out of all colostomy and ileostomy appliances. Ensure all your staff who handle such cases are trained in this aspect of community pharmacy. Note that same patients may be sensitive about their condition.
5. Introduce yourself to the local stoma nurse and discuss with him or her any recent concerns you have had. Establish their role in the community and haw you can make use of them in the future.

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Abbreviated Prescribing Information. Presentation: Frusol 20mg/5ml, 40mg/5ml and 50mg/5ml are presented as oral solutions containing 20mg, 40mg and 50mg/5ml Furosemide(Frusemide) Ph Eur respectively. **Therapeutic Indications:** Frusol is indicated in all conditions requiring prompt diuresis, including cardiac, pulmonary, hepatic and renal oedema, peripheral oedema due to mechanical obstruction or venous insufficiency and hypertension. It is also indicated for the maintenance therapy of mild oedema of any origin. **Posology and Method of Administration:** These solutions should only be taken orally. The medication should be administered in the morning to avoid nocturnal diuresis. *Adults* The usual initial daily dose is 40mg. This may be adjusted until an effective dose is achieved. *Children* 1 to 3mg/Kg body weight daily up to a maximum total dose of 40mg/day. *Elderly* In the elderly, furosemide is generally eliminated more slowly. Dosage should be titrated until the required response is achieved. **Contra-indications:** Frusol is contra-indicated in pre-comatose states associated with liver cirrhosis, anuria and electrolyte deficiency. Contra-indicated in hypersensitivity to furosemide, sulphonamides or any of the excipients listed. **Precautions & Interactions:** Patients with prostatic hypertrophy or impairment of micturition have an increased risk of developing acute retention. Caution is required in patients liable to electrolyte deficiency. Where indicated, steps should be taken to correct hypotension or hypovolaemia before commencing therapy. Latent diabetes may become manifest or the insulin requirements of diabetic patients may increase. The toxic effects of nephrotoxic antibiotics may be increased by concomitant administration of potent diuretics e.g. furosemide. Serum lithium levels may be increased when furosemide is given with lithium and therefore lithium levels should be monitored and adjusted when necessary. A marked fall in blood pressure may occur when furosemide is given with ACE inhibitors. The furosemide dose should be reduced or stopped before commencing the ACE inhibitor therapy. If cardiac glycosides or anti-hypertensives are concurrently administered with furosemide their dosages may require adjustment. Certain non-steroidal anti-inflammatory agents (e.g. indomethacin, acetylsalicylic acid) may attenuate the action of furosemide and may cause renal failure in cases of pre-existing hypovolaemia. Furosemide may sometimes attenuate the effects of other drugs (e.g. antidiabetics and pressor amines) or it may potentiate effects of other drugs (e.g. salicylates, theophylline, lithium and curariform muscle relaxants). Interactions have been reported with ototoxic antibiotics. In cases of concomitant glucocorticoid therapy or abuse of laxatives, the risk of an increased potassium loss should be noted. **Pregnancy & Lactation:** Results of animal testing show no hazardous effect of furosemide in pregnancy and there is evidence of clinical safety of furosemide in the third trimester. It is advisable, however, that Frusol should only be used in pregnancy if strictly indicated and for short term treatment. Furosemide may inhibit lactation and may pass into breast milk and therefore it should be used with caution in nursing mothers. **Effects on Ability to Drive and Use Machines:** Mental alertness may be reduced and the ability to drive or operate machinery may be impaired. **Undesirable Effects:** The side effects are generally minor and Frusol is well tolerated. *General:* Nausea, malaise, gastric upset. *Haematological* Electrolytes and water balance may be disturbed as a result of diuresis after prolonged therapy. This may cause symptoms such as headache, hypotension or muscle cramps. A transient rise in creatinine levels and urea levels has also been reported with furosemide. Serum cholesterol and triglyceride levels may rise during furosemide treatment. During long term therapy they will usually return to normal within six months. Bone marrow depression has been reported as a rare complication and necessitates withdrawal of treatment. Pre-existing metabolic alkalosis (e.g. in decompensated cirrhosis of the liver) may be aggravated by furosemide therapy. *Organ Specific* Serum calcium levels may be reduced, in very rare cases tetany has been observed. Nephrocalcinosis has been reported in premature infants. As with other sulphonamide-based diuretics, furosemide may bring about hyperuricaemia and, in rare cases, clinical gout may be precipitated. Isolated cases of acute pancreatitis have been reported after long term diuretic therapy. Disorders of hearing after furosemide are rare and in most cases reversible. *Allergic* The reports of allergic reactions such as skin rashes, photosensitivity, vasculitis or interstitial nephritis are low, but if they do occur the Frusol treatment should be stopped. **Overdose:** Overdosing may lead to dehydration and electrolyte depletion through excessive diuresis. Treatment of overdose consists of fluid replacement and electrolyte imbalance correction. **Pack Size:** 150ml in amber type III glass bottles. **Legal category:** POM **NHS Price:** 20mg/5ml £13.45, 40mg/5ml £17.35, and 50mg/5ml £18.75 **Marketing Authorisation Numbers:** Frusol 20mg/5ml - 00427/0109, Frusol 40mg/5ml - 00427/0110, Frusol 50mg/5ml - 00427/0111. Marketing Authorisation Holder: Rosemont Pharmaceuticals Ltd, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE, UK **Date of Preparation:** August 1998

Age old problems

The elderly need special pharmaceutical consideration. Derek Balon, community pharmacist and King's College London lecturer, looks at the issues which should be taken into account

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1108), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* DECEMBER 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the anatomical, physiological, psychological and sociological changes that occur with age
- To be familiar with the common disorders that affect the elderly
- To recognise drugs which are affected by hepatic and renal impairment

Physical age correlates poorly with either physiological ar psychological age. Thus the criteria used to classify a person as elderly are difficult to define. However, as the body gets physically alder changes can be observed which affect the ability af people to perform physical acts and physiological functions; these changes ultimately affect life style. When these changes become pranaunced (but not before), a person may be defined as elderly.

The role of being old is related ta a state of mind rather than any specific physical age deadline. Traditional medical treatment focuses almost exclusively on disease and its treatment. Treatment of the elderly, while taking on board disease, has also to consider mental state. When the medical profession defines the 'patient', bear in mind that same patient is a 'person' when not being defined by the professional. The more elderly person may not feel as they did when they were younger, but they are not suffering from disease, only from changes to their bodily functions.

Dimensions of ageing

Some changes do occur with increased physical age and these may be considered under the headings:

- anatomical
- physialagical
- psychological
- sociological.

1 Anatomical

Virtually all cells which make up body tissue are being continually changed and replaced. This dynamic process occurs from birth to death. However, some tissue is replaced with slightly different material (perhaps the reproductive template is faulty), some is not completely replaced and some is not replaced at all. These modifications of the normal bady dynamics result in changes that are summarised in Table 1.

Typical changes with ageing include loss of bone. This is particularly marked in the spine where there is a decrease in its length resulting in a shortened trunk. Loss of bone and muscle in postmenopausal females together with ather anatamical changes produce the characteristic 'widaws hump'. It could well be that the introduction of HRT may reduce the incidence of this condition in the future.

Bane resorption becomes more significant than bone formation. This affects about 25 per cent of females and 6 per cent of males.

Fat is last fram the periphery, often being redistributed on the lower trunk. This is marked in males from the mid-40s. Fat is also lost from the skin. Both the epidermis and the dermis become thinner. There is loss of collagen, the supporting tissue in the skin, resulting in increased capillary and vessel fragility. The thinner epidermis is less able to retain water and the skin becomes dehydrated. All these changes result in skin becoming wrinkled, another elderly characteristic. Nails tend ta become thicker and more difficult ta cut.

Hair colour is pragressively lost; grey hair is common. Hair loss occurs, especially in the male with typical 'male pattern baldness'. In both sexes axillary and pubic hair is last but paradoxically hair grawth may develop on the lips and chin of females and the ears and nose of males.

Loss of teeth increases with age. This is often due to faulty gums, which precipitate bone resarptian, rather than erosions. The teeth which are retained tend to became more yellow.

2 Physiological

Physiological changes are very significant in the ageing process. One af the most significant is the decreased ability of the body to maintain a stable internal environment (homeostasis). This is partially evidenced by the increased incidence of side effects

Table 1: Anatomical changes in the elderly

Skeleton	shortened trunk
Adipose tissue	away from periphery
Skin	wrinkled, thinner, loss of callagen – dehydration
Liver	decrease in size
Nails	thicken and plate elevation
Hair	loss plus growth in new areas
Teeth	enamel yellows

and adverse reactians af drugs. Pharmacists must be aware af the fundamental impartance af these changes since they affect many af the essential parameters af drug handling by the elderly.

Table 2 autlines same af these changes. They predispase the ageing bady ta diseases and disarders, same af which are shawn in Table 3.

Drugs are required ta be at their site af actian in sufficient cancentratian (biaavailability) ta cause the desired effect. This cancentration is affected by pharmacakinetic factars which are changed (campared ta the narmal adult) in the elderly. The primary factars which require consideratian far an arally presented drug include absarptian, distributian, eliminatian

Table 2: Physiological changes in the elderly

	DECREASED	INCREASED
Cardiavascular	cardioc autput stroke volume vessel elasticity fibrin in walls peripheral perfusion argan blood flow	risk af blood coagulatian increased recavery time ta restare heart rate following exercise
CNS	receptar sensitivity cerebral perfusion cerebral processing	receptar sensitivity
Respiratory	rigidity af lung tissue ciliary activity dead lung space FEV wasting af muscle tissue peak flow	
Endacrine	glucase tolerance responsiveness ta insulin thyroid activity adrenal activity sex hormones (altered bone hameastasis) (campromised immune system)	tissue sensitivity ta thyroid
Gastraintestinal	acid secretian gastric emptying time gut matility peristalsis gastric blood flow Ca,Fe from small intestine	
Hepatic	hepatic blood flow (altered metabalic processes)	
Genita-urinary kidney	GFR renal blood flow excretian and reabsarptian	
Bladder	supporting elastic tissue detrusar muscle hypertrophy	

a) Absorption

Oral administration: the majarity af drugs in current use are administered arally and thus absarptian fram the gut pravides the first barrier ta the target argan. Changes affecting this pracess in the elderly include increased gastric pH, delayed gastric emptying and matility with decreased intestinal blaad flaw (hepatic-partal system). Althaugh mast drugs have a passive absarption mechanism, there is little evidence ta suggest the ageing pracess alters tatal biaavailability significantly. The absarptian af drugs and substances with active mechanisms is reduced. Examples include same vitamins (thiamine) and minerals (calcium, iran), and sugar.

Other routes: Intravenaus administratian bypasses the gut, with na change in the biaavailability due ta the administratian raute. Intramuscular injectian results in slawer distributian due ta the increased cannective tissue present in ageing muscle and decreased blaad flaw. Hawever, this is rarely significant.

The transcutaneaus raute alsa results in decreased absarptian due ta the increased keratinisatian and decreased blaad perfusian af the skin. Again this is nat narmally regarded as significant. This is similar ta the situatian far all ather routes (sublingual, buccal, rectal, pulmanary) where decreased absarption is expected but is nat usually taken inta consideratian when selecting apprapriate dases af drugs.

b) Distribution

Drug distributian is determined by many factors including:

- bady compasitian
- plasma pratein binding
- argan blaad flaw.

All these change with age and it is not surprising that drug distribution changes at the same time. This may result in different drug levels in the elderly (when campared with a similar dase in a yaunger individual).

Tatal bady water and lean bady mass decrease with age and this results in higher blaad cancentratians far water saluble drugs. The reverse is true far fat saluble drugs because up ta the age af abaut 85, the fat:tatal bady weight ratia increases, resulting in the cancentratian af a fat saluble drug being reduced in plasma but it pralangs its duratian af actian (eg the benzadiazepines).

Changes in blaad argan flaw (see Anatamical) are well dacumented. There is alsa a decrease in cardiac autput af abaut ane per cent per year after the age af 20. This, in canjunctian with ather factars (such as increased flaw resistance), results in a reductian af up ta 45 per cent in perfusian af the limbs, liver and mesentery (cf 25-year-ald). Reduced perfusian af the heart muscle is up ta 30 per cent and the brain up ta 15 per cent. Althaugh little clinical evidence is available ta suppart changes in drug distributian due ta these changes, it is lagical ta assume decreased tissue perfusian and thus a decreased rate af drug distributian ta tissue.

Althaugh there are significant changes in plasma albumin (especially af 'sick' elderly) and plasma glycapratein cancentratian, these da nat appear ta be clinically significant with respect ta drug distributian.

c) Elimination

The twa mast impartant mechanisms far drugs ta be remaved fram their patential site af actian are hepatic metabalism and renal excretian. If either af these mechanisms are decreased, single drug dase effects will be pralanged and steady state cancentratian will be increased.

i) ***Hepatic metabolism***: Orally administered drugs, which are absarbed fram the upper part af the intestine, arrive at the liver via the hepatic partal system. This results in the liver being the mast impartant argan when considering haw much unchanged drug enters systemic circulatian. An example af this is that abaut 70 per cent af prapranalal is metabalised in the liver (cf abaut 45 per cent af atenalal – first pass metabalism).

There is a reductian in liver size with age: hepatic blaad flaw alsa decreases. The rate af metabalism af drugs by the cytachrame P450 system decreases with age as well: by up ta 40 per cent campared with the yaung adult.

Examples af drugs which shaw decreased eliminatian in the elderly by the P450 system are shawn in Table 4. Many ather changes in liver functians are affected by age; hawever, the twa majar consideratians in the way the ageing bady handles drugs are a) related ta the enzymatic changes that accur and b) the reduced size and decreased blaad flaw.

While animal studies shaw that enzyme inducibility decreases with age, this has nat been clearly demanstrated in man. Enzyme inductian and inhibitian accur at all ages, and their effects da nat appear ta result in significant age-related changes.

Many aral drugs are nat active themselves but act thraugh their metabalite. If the activity af the enzyme systems which activate these drugs is reduced with age, this may result in a lawer active drug level but with increased half life. This is seen with same af the benzadiazepines, far example, diazepam. The eliminatian af temazepam and larazepam, which underga canjugatian in the liver and da nat praduce significant active metabalites, are nat affected by age.

In general, enzymatic changes with age are anly significant far drugs with a narraw therapeutic index. Cancurrent drug administratian, liver functian, genetic and enviranmental factars, including smaking, may well be mare significant than age in hepatic drug eliminatian.

ii) ***Kidney elimination***: In camman with many ather argans, renal blaad flaw and kidney size are reduced in the elderly. There is alsa decreased glamerular filtratian and tubular functian. Between the age af 20 and 90 years ald, the glomerular filtratian rate decreases by abaut 35 per cent. In additian ta this age-related decline, renal impairment due ta dehydratian, heart failure, urinary retentian and ather diseases (diabetic nephrapathy, pylanephritis) is camman in the elderly.

These changes have significant effects an the reserves af kidney functian and drugs may be eliminated mare slawly in the elderly. The BNF suggests that the net result af kidney changes is that tissue cancentratians af drugs are cammanly increased by 50 per cent and an even greater effect may be seen in 'ill' patients.

This is significant far drugs with a narraw therapeutic index and same cammon drugs where decreased renal excretian is significant are shawn in Table 5. The BNF suggests that same af these drugs shauld be avaided in the elderly. It alsa suggests that a 50 per cent reductian in starting dase is advisable in many cases.

In view af reduced kidney function cammonly faund in the elderly, it is sensible ta be aware af the potential prablem drugs as

Continued on PVIII →

Continued from PVII

listed in Appendix 3 of the BNF: under Renal Impairment.

d) Homeostasis

Hameastasis requires adequate and appraapriate sensing af altered physiological states in the body. The parameters which require sensing includes endacrine, neuramuscular transmission and organ response. The sensitivity at the system responses decrease with age and this results in lass af 'reserve'. Cammonly impaired systems are:

- thermaregulatian
- BP regulatian
- bladder function
- bowel function
- blaad sugar cantral
- fluid/electralyte balance.

For example, older people have impaired ability ta excrete free water laad. Pastural hypatension is nat uncammon in the elderly and may be related ta decreased and slawer barareceptars responses, reduced vasomotor responses af both arteriales and veins and increased venaus capacitance.

It shauld be nated that adverse drug reaction increases with age but there is na clear evidence that shaws age is a determinant of this. It could be that the increase is mare clasely linked ta the increased incidence af disease and drug use.

3 Psychological

The behaviour of people is a camplex phenamenan which is closely linked ta aspects of the persan's ability to functian (anatamy and physialagy) and sacialagical factars (enviranment).

As age increases, so there is a lass at memary, especially shart-term memary. Elderly peaple affen feel (and are) left aut af narmal activities since those surrounding them tind it difficult ta adapt to their 'shartcamings'. This has an impartant impact an haw elderly peaple think af themselves. Diseases may influence attitudes: arthritis has mare than its physical limitation effect – it alsa frequently leads ta depression.

The physical changes which result in the need tar athers to help impartant narmal activities (bathing, getting ta the tailet, eating) frequently have protaund effects an the elderly's attitude. It certainly takes away tram the alder persan their teeling at warth. The dependence an athers may even reduce the will ta live: this will is essential tar life itselt. There is a danger at the elderly becoming dependent an healthcare professianals and athers ta laok affer them.

It shauld be remembered that institutianalisatian can accur outside residential homes ar ather similar sites.

The advancing years are also nated by the elderly. They start ta realise that death is that much closer. They alsa realise that their bady is na langer able ta perfarm the same activities as before. This leads to them saying: "It's my age"; "What do yau expect fram sameane wha's 84?"; "I cauld be warse"; "It's Gad's will". In ather wards they change their attitude to lite in expectation of things getting worse rather than better. This pessimistic approach ta life is nat shawn by all the elderly but, when it accurs, it may have adverse effects on the physical state of their body. There is affen a rapid decline in peaple when they retire. It may well be due ta their appraach ta the rest af their life.

Aspects af the psychalagical dimensian are related to changes in the family: the lass at a partner is especially impartant. Some af these are discussed in the socialagical section belaw.

4 Sociological

Marital status, lite expectancy, living arrangements, ecanamic situatian, hausing, support systems and healthcare demands all play a part in haw the elderly live.

Life expectancy is increasing each year. In 1991 abaut 9 per cent of the papulatian were 65 ar alder. This tigure is expected ta increase to 9.2 per cent in 2001, 9.8 per cent by 2011 and 11 per cent in 2021. This has enarmous implications far natianal planning. Increased life expectancy tagether with changes in family structures result in sociological changes far the elderly.

Living arrangements in private hauseholds (excluding institutions) may be classified in three broad groups:

i) living with a partner;
ii) living with others (affen family)
iii) living alone.

Living alone, especially affer the lass at a partner causes many prablems especially laneliness; this may result in depressian.

Living with others, especially living with relatives affer the lass at a partner, produces different problems. Here, the lass ar subjugation at independence may produce psychalagical problems. Lass at self worth may occur in this situation. Expressians like "I might as well be dead," may be heard.

In general, the elderly's incame is below the average wage and belaw their past earning level. This reduced incame means they have ta adjust their lifestyle, a painful process which may have a psychalagical impact.

Hausing may reflect the elderly's financial pasitian. As we have seen above, incame is reduced and this may have an effect on housing arrangements. Reduced housing standards have health implicatians and this is a tactar when considering the dimensians af ageing.

Finally, in considering the dimensions af ageing, the care support systems are of importance. Lacal clubs, church, healthcare professionals (including the lacal pharmacist), family and friends as well as statutary arganisatians play a part in haw the elderly cape with life.

Table 3: Common disorders of the elderly

System	Disorder	
Gastrointestinal	Dysphagia Reflux oesophagitis Ulcers Colitis	Constipation Crohn's disease Diverticulitis
Cardio-vascular	Arrhythmia Ischaemic heart disease	Hypertension Arteriosclerosis
Respiration	COAD	Emphysema
CNS	Parkinson's Stroke	Depression Insomnia
Urino-genital	Kidney malfunction	Incontinence
Musculo-skeletal	Uric acid excess Arthritis	Osteoporosis Rheumatism
Eye	Cataract Decreased power	Glaucoma
Ear/nose/throat	Wax	Speech disorders
Skin	Dry/fragile skin	Ulcer
Blood	Anaemia	
Endocrine	Diabetes	Thyroid problems
All systems/organs	Malignancy	Infections (bacterial/viral)

Table 4: Some drugs metabolised in the liver by the cytochrome P450 system

Theophylline	Nortriptyline	Propranolol
Alfentanil	Fentanyl	Trazodone
Alprazolam	Diltiazem	Verapamil
Levodopa		

Table 5: Some drugs which show diminished renal excretion with age

allopurinol	aminoglycosides
amantadine	lithium
digoxin	cimetidine
chlorpropamide	

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

ACTION PLAN

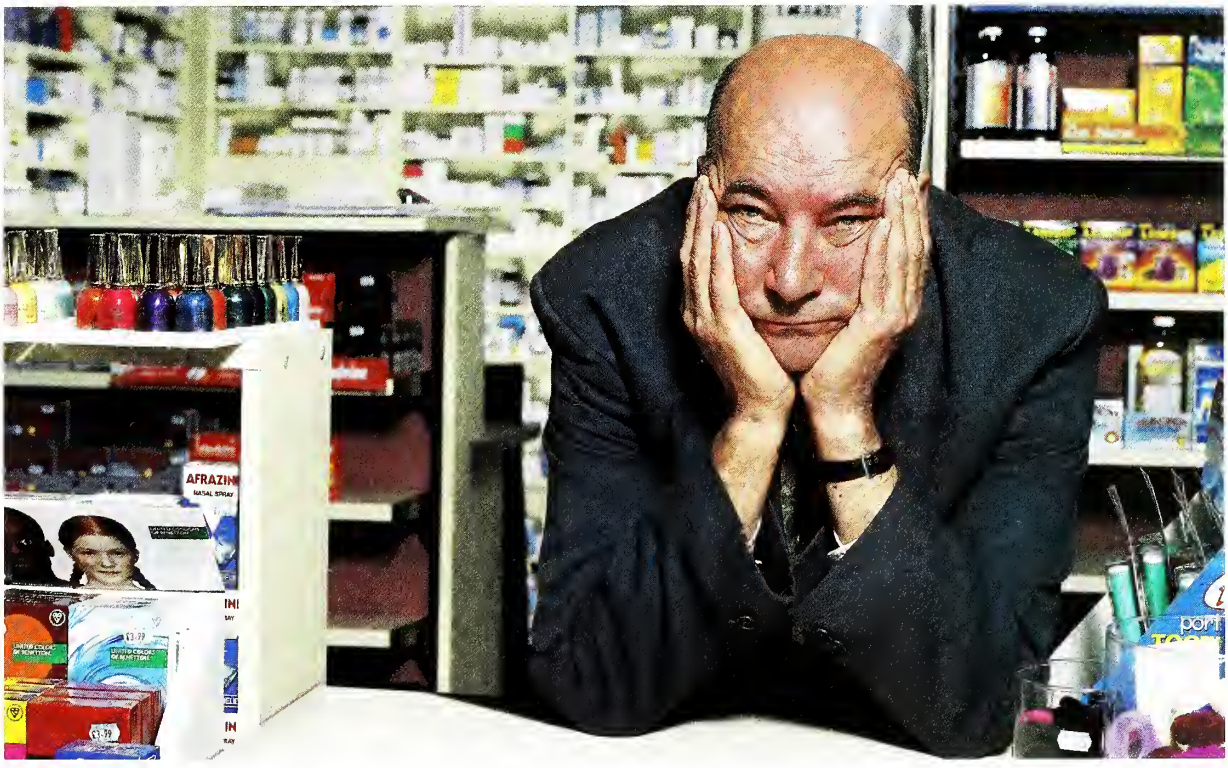
1. In your practice workbook make a list of the drugs which are commonly prescribed to your elderly patients which require extra care in selecting the appropriate dosage level. Your list should reflect your practice and not be a copy of the BNF Appendix 3.

2. Note the next 50 prescriptions (not items) for patients who are elderly. Compare their drugs with this list. Record the incidence of what appears to be high dosage levels. Try to find out if this potential high dosage is a new or established regimen. How do you deal with this potential problem?

3. List in your practice workbook the OTC preparations which require caution in recommending to elderly patients. Make sure your medicine counter assistant is aware of the problems identified with these products.

4. Differentiate between age-related OTC problems and those due to disease. Add this information to the above list. This will make your list a valuable tool for preparations requiring referral to you before sale by an assistant.

The shop is busy and you've just had another Specials request



It's a lot easier to order a Special than make it yourself

Rosemont Pharmaceuticals have over 30 years experience in Oral Liquid Medicines. Under our Specials Manufacturers licence, we can offer you products covering a wide range of therapeutic areas, in a wide variety of strengths and sizes. A certificate of analysis is available if required and we can supply in as little as 24 hours upon request.

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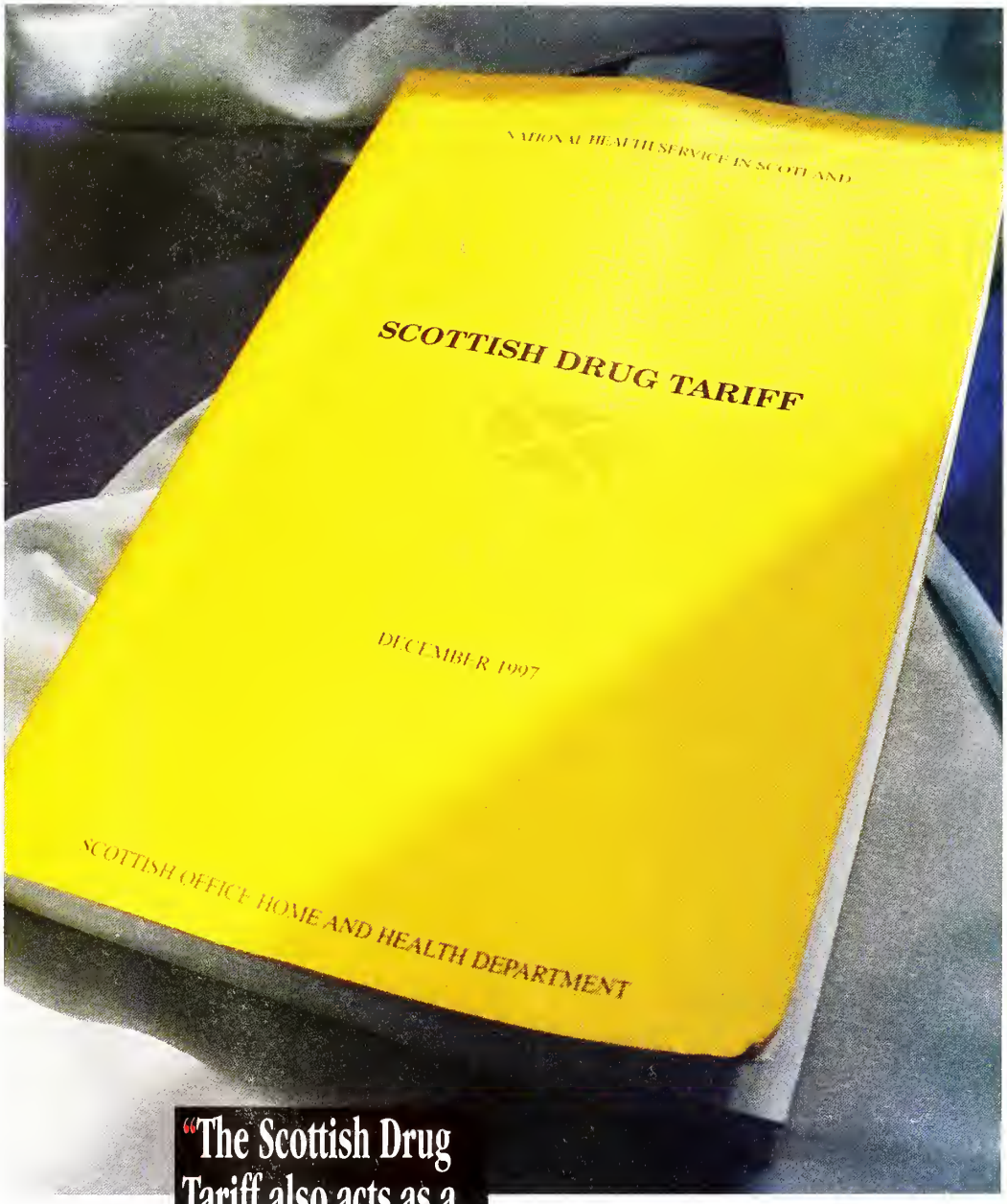
ROSEMONT

THE SPECIALISTS IN ORAL LIQUID MEDICINES

Scottish exchange

Anyone contemplating working in Scotland will be faced with a different set of rules for pricing and endorsing prescriptions. A brief explanation of the Scottish Drug Tariff is given below by the Pharmacy Practice Division of the Common Services Agency for NHS Scotland



The Scottish Office Department of Health (SODoH) publishes the Tariff quarterly; the Pharmacy Practice Division (PPD) is responsible for compiling and updating the contents, and for co-ordinating the printing and distribution of it.

Approximately 6,500 copies are printed by the Stationery Office and distributed free of charge through Health Boards to prescribers and contractors. The Tariff not only provides those involved in dispensing NHS prescriptions in Scotland with the information necessary to claim the payments due to them, but it also acts as a source of general information of use to prescribers.

The Tariff is divided into 15 parts.

Part 1

Part 1 provides useful information concerning the pricing of drugs and preparations, calculation of net ingredient costs (plus the 'zero discount list'), and details of various professional fees and allowances. Negotiations are held between the SODoH and the Scottish Pharmaceutical General Council (SPGC) for the remuneration of pharmacy contractors. Details may also be found here on how to operate a free needle and syringe exchange service (prices are negotiated locally with each Health Board).

Part 2 to 6

Parts 2 to 6 provide listings of the various dressings and appliances that may be reimbursed together with their associated prices under the headings of Dressings, Appliances, Elastic Hosiery, Incontinence Appliances, and Stoma Appliances. The pricing bureau will only reimburse dressings and appliances listed in these sections. Particular attention should be paid to things only available on the Stock Order Form GP10A.

"The Scottish Drug Tariff also acts as a source of general information of use to prescribers"

Part 7

Part 7 is the part of the Tariff that describes Drugs and Preparations with Tariff Prices. It is very different to the England and Wales Drug Tariff equivalent.

The contents of this part are negotiated between the Scottish Office and the SPGC. Some historic products remain in this list, but all recent additions have been exclusively for products with a defined pack size that are freely available as 'unbranded' versions.

Drugs and preparations in this section fall into one of two categories based on the convention used to price them:

1 A weighted average of Wholesaler Prices

2 Prices taken in order from a defined series of Suppliers Lists.

All items in Part 7 are treated as 'zero discount', and it is important to note that all endorsements will be normally ignored for these

Continued on PXII →

SERIOUS PROBLEM

serious treatment

Buspirone

5mg & 10mg Tablets (100's)

Buspirone Hydrochloride

"The Only UK Generic!"

Bartholomew Rhodes

PRESCRIBING INFORMATION

resentation: Buspirone 5mg tablets. Buspirone 10mg tablets. **Use:** Short term treatment of anxiety disorders (anxiety and phobic neuroses) and symptomatic relief of anxiety with or ithout accompanying depression. **Dosage and administration:** *Adults:* The initial dose is 10-15mg daily in 2-3 divided doses. The initial dose may be increased by 5mg at intervals of -4 days. The maximum daily dose should not exceed 45mg. There does not appear to be a need for dose reduction in the elderly. Safety and efficacy in persons aged under 18 years as not been established. **Contra-indications:** Subjects hypersensitive to buspirone or any ingredients of the tablets. Buspirone should not be used in patients with epilepsy or a history f seizures. **Warnings:** Even though buspirone does not substantially increase alcohol induced impairment of motor and mental function; concomitant use should be avoided. When witching from benzodiazepines or other sedative/hypnotics, withdrawal should be gradual to avoid unpleasant withdrawal symptoms. Patients who are receiving monoamine oxidase hibitors are at risk of elevated blood pressure. Buspirone should be used with caution in subjects with impaired renal or hepatic function. There is no antipsychotic effect at usual nxiolytic doses; thus appropriate anti-psychotic medication should be used when clinically indicated. Buspirone is less sedative than conventional anxiolytics, but the effects are subject o considerable inter-individual variation, and subjects should be warned about possible impairment of motor impairment or impaired physical co-ordination. **Pregnancy and lactation:** adequate evidence of safety in human pregnancy. No data concerning transfer of buspirone to breast milk. Use only if expected benefits to mother outweighs risks to foetus or neonate. **ffects on ability to drive and use machines:** Buspirone is likely to produce mild to moderate impairment of ability to drive and operate machines. **Adverse effects:** Buspirone is enerally well tolerated. **Events observed in >1% of subjects** are as follows, (though a casual relationship has not been established in many instances). CNS. Dizziness, drowsiness, eadache, fatigue, nervousness, insomnia and light-headedness, excitement, impaired concentration, confusion, nightmares and/or vivid dreams, anger/hostility, impaired co-ordination, umbness parasthesiae, weakness and tremor. GI. Nausea, dry mouth, abdominal/gastric distress, diarrhoea, constipation and vomiting. CVS. Tachycardia and/or palpitation, on-specific chest pain. Other. Blurred vision, tinnitus, sore throat and nasal congestion. **Less frequent events include:** CNS. Dream disturbance, dysphoria, depersonalisation, noise ntolerance, euphoria, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal thoughts, akathisia and seizures. GI. Flatulence, anorexia, increased appetite, salivation, ritable colon and rectal bleeding. CVS. Syncope, hypertension, hypotension. Skin. Rash, oedema, pruritus, flushing, easy bruisability, hair loss, dry skin facial oedema and blisters. Other. ncreased or decreased libido, redness and itching of the eyes, conjunctivitis, menstrual irregularities and altered perception of taste or smell. **Rare events include:** CNS. Claustrophobic eelings, cold intolerence, stupor, slurred speech, psychosis, depression, increased appetite (chronic therapy), hypertonia, dystonia, tremor, involuntary movements, slowed reaction time nd rigid/stiff muscles. GI. Burning of the tongue. CVS. CVA, CHF, myocardial infarction, cardiomyopathy and bradycardia (no causality has been established). Skin. Acne and thinning f nails. Other. Inner ear abnormality, eye pain, photophobia, pressure on the eyes, galactorrhoea, thyroid abnormalities, delayed ejaculation and impotence. **Overdose:** Overdose may e expected to produce effects that are extensions of buspirone's pharmacological activity, e.g. nausea, vomiting, dizziness, drowsiness, miosis and gastric distension. Death by deliberate verdose has not been observed. **Legal category:** POM. **M.A.A. Numbers:** Buspirone 5mg tablets 16900/0011. Buspirone 10mg tablets 16900/0012. **M.A.A. Holder:** Dallas Burston lealthcare Ltd., Brixworth, Northampton NN6 9DQ. **Distributor:** Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ. **Package Quantity and Basic NHS Price:** Buspirone 5mg 00 tablets: £31.20. Buspirone 10mg 100 tablets: £46.80.

or further information please contact: Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ.
el: (01604) 882626 • Fax: (01604) 881640

Date of Preparation: September 1998

Continued from PX

lines. If there is a known shortage of a product at the published price, contractors are advised to contact SPGC. If the shortage is confirmed, the Scottish Office issues an instruction to the PPD to accept endorsements for prescriptions dispensed in a given time period. This information is in the monthly SPGC newsletter.

Part 8

Part 8 is for Dental and Nurse prescribing formularies. Dental and Nurse prescribers are required to use Non-proprietary ('generic') titles from the formularies contained within this part. Normally if the title used is the same as printed in the Tariff, there should be no problem. It has been accepted that some of the dressing titles are unwieldy in ordinary use, particularly for Surgical Tapes and Wound Management dressings. For these items, if the proprietary name is added the prescription will be paid. Those items in parts 2,3,5 & 9 may not be prescribed on form GP10(N) are marked **'Nx'** in the extreme left margin.

Part 9

Part 9 provides a list of chemical reagents. There is a small list of reagents that may only be ordered by medical practitioners on the Stock Order Form GP10A.

Part 10

Part 10 describes the arrangements concerning the Domiciliary Oxygen Therapy Service. Information regarding oxygen concentrators is available from Scottish Healthcare Supplies, a division of the Common Services Agency (CSA), based at Trinity Park House, Edinburgh. The Domiciliary Oxygen Therapy Service is now a local service with fees for the service being negotiated locally within each Health Board.

Part 11

Part 11 provides a list of technical specifications covering dressings and appliances not covered by a formal monograph in the British Pharmacopoeia or the British National Formulary.

Part 12

Part 12 provides prescription charging information. There are sections giving examples of the number of charges payable, exemptions and special arrangements for contraceptive services.

Part 13

Part 13 gives a net ingredient cost scale for chemist contractors with a reference table showing the appropriate discount rate to use for ranges of monthly gross ingredient costs.

Part 14

Part 14 shows a list of drugs and the thresholds equal to or above which an additional fee is payable. The threshold values show numbers of tablets or capsules and refer to the number per prescription item. The additional fee is automatically paid by the PPD and does not need to be claimed for separately.

Calculation of it is from the information in Part 14. Taking, as an example, a prescription for Acepril Tab 12.5 mg 120 tabs: the threshold value for Acepril Tab 12.5 mg is 112, therefore an additional fee is payable. The amount of the additional fee is 40 pence (see Part 1 of Tariff).

Part 15

Part 15 describes drugs to be prescribed in certain circumstances under the NHS pharmaceutical services. The list of drugs shown here falls into the Selected List Scheme (SLS) and can only be ordered on GP10 if the doctor marks the prescription with 'SLS'. This mark indicates that the prescription is for a person listed in column 2 to treat the condition listed in column 3.

These drugs are not allowed for any other patient or purpose. The pharmacist cannot endorse the prescription, only the doctor can.

Support

The National Pharmaceutical Association publication 'The NPA Guide to the Drug Tariff and NHS Dispensing for Scotland' has further helpful information on the Tariff. It describes what is allowed, what appears on the Black List and how to deal with an NHS prescription for a Black Listed item. The Scottish Pharmaceutical General Council is also a good source of information and publish several booklets including 'Guide to Prescription Endorsement and Drug Tariff Pricing Procedures'.

Tariff updates

The Tariff contents are continually updated. PPD is notified of additions and deletions through the Scottish Office, and also sees a 'proof copy' of the England and Wales Tariff a few days before its publication. As changes have to be sent to press four weeks before publication date, there is an inevitable delay before the data reaches prescribers and contractors, however, the PPD Pricing Computer is always up to date for the relevant pricing month. Copies of the Tariff are sent to the SPGC and the Scottish Office.

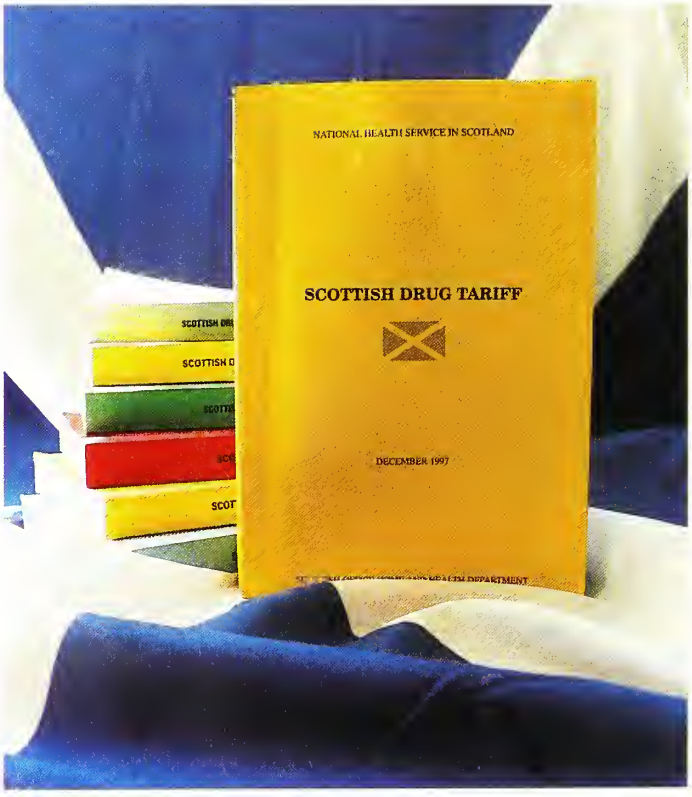
Part 7 is prepared separately and is sent to SPGC for agreement of the prices shown in it. This is then issued by SPGC to all contractors, and by PPD to the Health Board Prescribing Advisors.

RESOURCES

The three Bureaux of the PPD (listed below) provide an enquiry handling service regarding aspects of NHS dispensing in Scotland.

- Aberdeen Bureau
  Tel: 01224 571586
- Glasgow Bureau
  Tel: 0141 332 0787
- Edinburgh Bureau
  Tel: 0131 557 3733

Enquiries can also be handled by SPGC. Tel: 0131 467 7766



PHARMACY update: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 12 issue, which will cover this week's CPP-accredited modules, together with those in the November 21 issue.

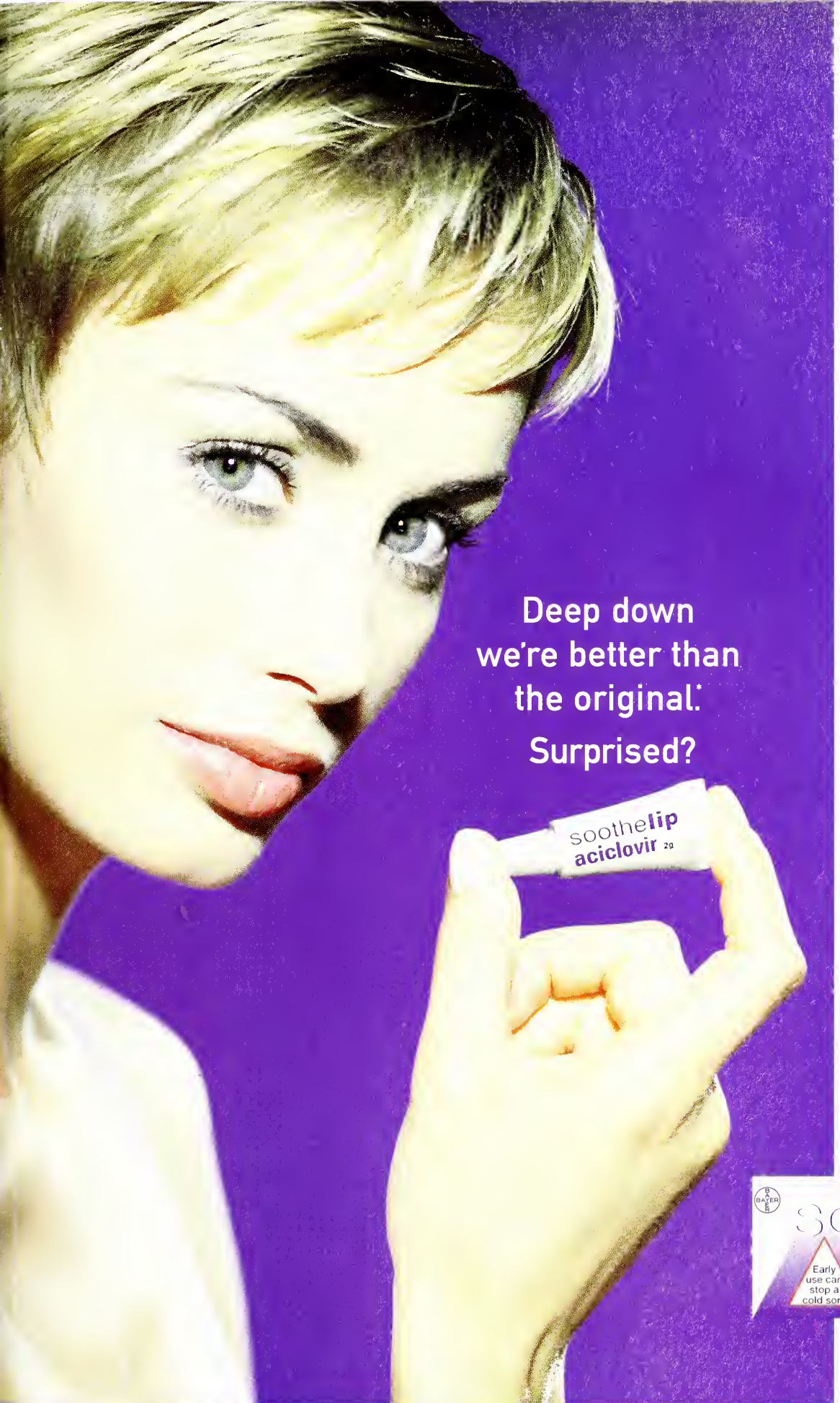
The MCQ paper for the October modules will be enclosed in next week's C&D covering:

- Hormone replacement therapy (1104)
- Eczema and infection (1105)
- Repetitive strain injury (1106).

A fax-back service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

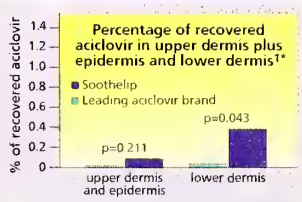
C&D in association with

GENUS PHARMACEUTICALS

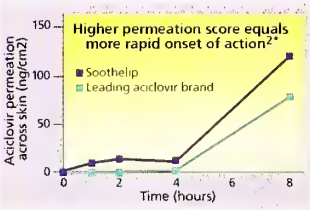


Don't be misled into thinking that antiviral Soothelip doesn't perform as well as the original aciclovir cream. In fact, in some ways, especially penetration, it's significantly better.[1*]

- Proven to penetrate more deeply[1] – so it can get to work on the virus and reduce the healing time of cold sores which have already appeared.



- Really fast absorption[2] – so when used at the first sign of a tingle it can stop the virus replicating and prevent a cold sore forming.



- More soothing ingredients – contains emollients which can gently moisturise lips to prevent drying.
- More staying power – contains dimethicone which forms a protective water repellent barrier to help prevent accidental removal.
- More accessible – to new users and those using other brands, because it's affordably priced.
- More stylish advertising – effectively stimulates sales from new young consumers.

So why recommend the original aciclovir when Soothelip gives you more value?

SOOTHINGLY ANTIVIRAL

Soothelip aciclovir
Early use can stop a cold sore
COLD SORE CREAM
2g

NOTHING WORKS BETTER TO PREVENT, HEAL AND SOOTHE COLD SORES

PRODUCT INFORMATION: **Soothelip for Cold Sores**: contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of cold sore infections. **Dosage and Administration**: cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Contra Indications:** hypersensitivity to aciclovir or any of the other ingredients. Do not use in eyes. **Precautions and Warnings**: Patients should be advised to seek the advice of a doctor before using Soothelip if they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Side effects**: Transient burning or stinging following application of aciclovir cream may occur in some patients. Mild drying or flaking of the skin, erythema and itching has been reported in a small proportion of patients. Contact dermatitis has been reported rarely following application. **Basic NHS Cost**: 2g cream, containing 5% w/w aciclovir £4.49. **Product Licence Number**: 0142/0426. **Licence Holder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed in the UK by**: Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category**: P. **Date of Preparation**: November 1997.

REFERENCES: 1. Data on file. Percentage of recovered aciclovir in upper dermis plus epidermis and lower dermis. 2. Data on file. Comparison of aciclovir permeation (ng/cm²) across skin during first eight hours.

*In vitro testing

Eye operation improves quality of service

A Ramsgate pharmacist kept the support of his customers and a local GP practice, despite admitting a catalogue of errors in prescriptions while he suffered from an eye condition.

Bharatkumar Patel, of Ramsgate, was found guilty of professional misconduct on October 22 last year at the Royal Pharmaceutical Society of Great Britain. However, the Statutory Committee adjourned the hearing, before deciding on further action, to monitor Mr Patel's progress.

The Society's Geoff Hudson reminded the Committee that during the last hearing - before Mr Patel had sought medical advice - chairman Gary Flather QC had said: "There is concern about Mr Patel's eyesight. Not all of us share that concern. We believe the matter has been exaggerated, so that it is presented as an excuse."

However, the Committee heard last week that Mr Patel has since undergone an eye operation on his left eye. He now has "no difficulty" reading a small printed schedule which he had never seen before. He now works four days a week and is assisted by a locum.

He had retained the loyalty of his customers who "couldn't believe" what they read about their "friendly local pharmacist" in the press.

Announcing the Committee's decision to reprimand Mr Patel, Mr Flather said: "Nothing has happened amiss over the last year, which now means Mr Patel has had two years trouble-free."

IN BRIEF

'Schaffer' case restoration

Vrajesh Suryakant Patel, of Hampstead, North London, who was struck off the pharmacists' Register far buying cut price unlicensed medicine from Pierre Schaffer of Margate, Kent, was restored to the register last week. Mr Patel was struck off in February, 1996, after paying £1,856 for drugs from Mr Schaffer. In the Committee's opinion, Mr Patel "has been off long enough".

Theft shame allows restoration

A pharmacist who confessed her shame about stealing £600 from her former employers, has been allowed to practise again. Elaine Ishbel Ogg, of Strathtay, Perthshire, was struck off in April, 1994. Recently, she has been working unpaid under another pharmacist in an Aberfeldy pharmacy, owned by Mr Colin Duff. He is willing to take her on as a locum if she is restored to the Register.

Unqualified father left to run pharmacy

A pharmacist convicted of allowing unsupervised pharmacy medicine sales in a family-run pharmacy, took his son to a Leicester City football match instead of overseeing his premises, a hearing was told last week.

Ajay Berry of Oadby, Leicester, is a 47 per cent shareholder in a family pharmacy business. Last August he pleaded guilty to three offences under The Medicines Act 1968, along with his company, A Berry Ltd, at Leicester Magistrates Court. They were fined £1,400 with £533.32 costs.

The Royal Pharmaceutical Society's Statutory Committee heard last week, that Mr Berry's retired tax collector father, Raghubir Berry, had sold Solpadeine and Day Nurse unsupervised to Society inspectors.

The Society solicitor, David Bradly, outlined the allegations admitted by Mr Berry of failing to be present at his pharmacy, trading as Severn Chemist in Oadby, on three occasions in February and March last year.

When the Society's inspector Jill Williams asked for the pharmacy medicines, her request was dealt with by Raghubir Berry. When she asked to see the pharmacist, she was told he would only be in after 5pm and she could phone him then. The younger Mr Berry had ensured that the pharmacy sign light was turned off in the afternoon. He was not aware of his father selling pharmacy medicines as he had instructed him not to sell medicines marked with a red stripe.

The father and son admitted their guilt as soon as they were confronted.

Mr Berry told the Committee: "My wife had been finding it very difficult to cope with two children." To help he took his son to a football match.

Announcing the Committee's decision to reprimand Mr Ajay Berry for misconduct, chairman Gary Flather QC, praised the Saturday morning pharmacist for warning Mr Berry's father not to sell pharmacy medicines or dispense or hand out prescriptions.

Mr Flather said: "It does suggest very strongly that Mr Berry (senior) knew what he was doing and that it could have very serious consequences." However, it was important and "refreshing" that the two men had not lied and accepted their guilt.

"We think at fault here was his father who knew what he was doing. No doubt his father is extremely sorry for it, but Mr Berry junior is responsible for an unqualified assistant acting alone."

'Blasé' attitude about drug thefts

A pharmacist appeared "blasé and couldn't care less" about pharmacy records showing a discrepancy of 472 missing amphetamines, although he knew a former employee had admitted taking drugs from another pharmacist, the Statutory Committee was told.

Peter Snowdon, of Sunderland, Tyne and Wear, owned Snowdon's Pharmacy in Springwell, Sunderland, as well as being superintendent pharmacist of Demnox Ltd of Workington, Cumbria, and two other Sunderland pharmacies.

He received a police caution on January 23 last year when he admitted not making sure his controlled drugs register was properly kept. Mr Snowdon, a pharmacist for 27 years, faced allegations of misconduct dating from December 1994, when all stock was stolen after a burglary, to July 1996.

The Committee heard that a pharmacist had admitted stealing from another pharmacy, after he left Mr Snowdon's employ, and had been cautioned by the police.

DC William Fleming, chemists inspection officer of Northumbria police, discovered the discrepancies in Snowdon's pharmacy after pharmacy manager Julie Robinson asked him to destroy drugs returned by patients who received them on prescription.

The policeman told the Committee that Mr Snowdon "showed little interest" at first. "It certainly wasn't the attitude of a man who realised the situation he was in. He couldn't care less. He said 'just sort it out with Julie'."

The policeman continued that when Mr Snowdon realised the gravity of the situation, he was "panic stricken".

DC Fleming, who had regularly inspected the pharmacy over the past two years, had not noticed discrepancies. The pharmacy now runs a satisfactory running stock system and DC Fleming wished all other Sunderland chemists would do the same.

David Reissner, representing Mr Snowdon, told the Committee his client had accepted criminal responsibility under the Misuse of Drugs regulations. However, he added: "This is not the same as personal misconduct because he is allowed to delegate."

Announcing the Committee's decision to uphold Mr Reissner's submission, chairman Gary Flather QC said Mr Snowdon did not spend a great deal of time at the pharmacy, which he left under the control of other pharmacists.

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Four strength shape and tone recognition.
1 - lowest rising to 4 - highest

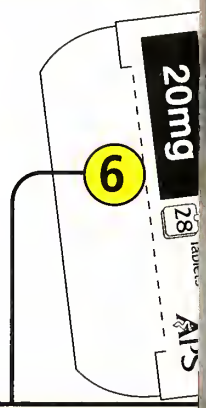
e.g.

4 — 20 mg

3 — 10 mg

2 — 5 mg

1 — 1.5 mg



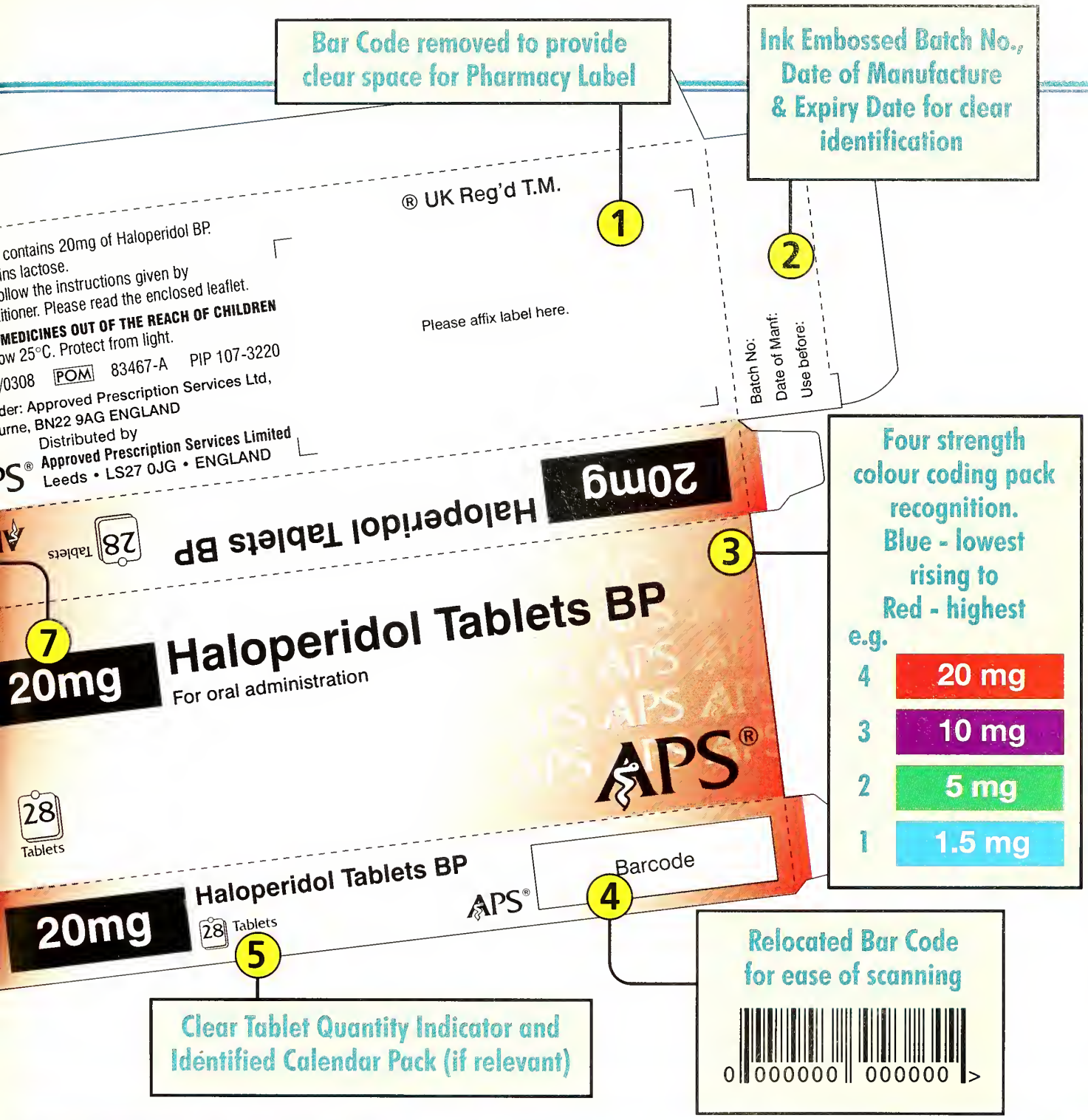
Full details on end of pack for on-shelf instant recognition and easier selection

The Medicines Control Agency have recently publishe consultative document on the implementation of Europ Council Directive 92/27/EEC which requires that all dispen medicines shall be supplied to patients along with a deta label and Patient Information Leaflet.

There are many issues raised in the consultation docum that need to be resolved by APS, the Pharmaceutical Indu as a whole and the professions, but it is obvious that dispensing of unsplit Patient Packs containing all the relev information is the only safe, practical and cost-effective me of compliance with the Directive.

APS intend to ensure that all its customers receive full supp during the consultation and implementation phase.

We're at the forefront of Patient Pack design and have inves in new design packaging tailored specifically to meet requirements of the Council Directive. Most importantly, packaging has been designed in collaboration with a pane practising Community Pharmacists. This co-operation



resulted in new packs which are easier to dispense, easier to understand and more informative to patients.

To coincide with the launch of the new packs, we've also introduced the '**APS Patient Pack Programme**' to help Pharmacists and other Healthcare Professionals keep in touch with this important change in legislation.

To find out more, join the '**APS Patient Pack Programme**' today. We'll send you a FREE pack filled with helpful, easy to follow information and we'll also keep you up to date with developments, letting you know exactly what the details are, and how they will affect you, as soon as they're issued.

APS

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18 Bruntcliffe Way, Morley, Leeds LS27 0JG.
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Jason Bennion

Category management magic

SmithKline Beecham and Warner Lambert recently joined forces to show how a pharmacy could benefit from using category management. In the first of a two part series, Domenico Vellucci and Lee Newton remove the mystique surrounding the concept

Category management seems to be the buzz phrase among pharmacy circles. Aside from Dean & Smedley's pilot, we've recently seen Numark launch Categoracle.

What is all the fuss about? Category management has been defined as 'a change in focus from buying to selling'. The concept is just one of several key components of a process known as Efficient Customer Response (ECR), whose simple aim is to ensure that retailers satisfy consumers' needs. Other ECR components include stock replenishment, transportation and logistics.

Let's take a more detailed definition of category management: 'The strategic management of product groups through trade partnerships, which aims to maximise sales and profits by satisfying consumer needs.' (Source: IGD)

Strategic management of product groups means analysing sales in every product category in the store - eg OTCs, oralcare, and deodorants - and developing a strategy for each category. 'Trade partnerships' refers to retailers and manufacturers pooling their information to find out how their categories are performing. Retailers could, for example, supply sales figures and details about their local geographic market; manufacturers could provide consumer research and market data.

With this pooling of knowledge, you could determine the size and position of your product categories in your outlet. Remember, your criteria is: 'What do customers want?' This process should maximise your sales and profits.

Some people confuse category management with merchandising. Category management is the top line process, while merchandising is one of its tools: the management of shelf space. This involves putting the right products on the right shelves with the right facings, so that you maximise your sales and profit in that shelf space.

That's the definition sorted out. Where did the concept come from? Trading partnerships did not exist in the 'old days'. Manufacturers would have information about their consumers and markets, while retailers merely distributed the products: both groups were working independently.

Retailers then began to look for uniformity within their stores, ie the same ranges, categories positioned in all the same places and identical space allocation.

In the early 1990s, retailers used EPoS and store loyalty cards to collect their own information. This enabled them to appreciate that shopping habits varied by region and by customer profile. They were therefore forced to look again at the space they were allocating to their products. For example, if more bread is sold in Yorkshire than Dorset, a Yorkshire-based grocer would devote more shelf space to bread.

Studies show that this common-sense practice increases sales and ultimately profits. The principle has

Continued on P34 →

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→ Continued from P32

now been advanced to take in consumer demographics and consumer profiles. All major retailers cluster stores, using this data, and devise specific ranges which appeal to each cluster. Some retailers are even looking to vary the ranges offered in individual stores.

Manufacturers, meanwhile, are investing in market research that reflects the demographics and shopping habits of different types of consumers.

Computerised space management tools have been created, which enable retailers and manufacturers to work on 'virtual' images to analyse their space and range allocations for each cluster.

You clearly don't have to be a grocer to benefit from category management. It offers pharmacies:

- space optimisation for fast-selling lines.
- reduced stock holding
- reduced out of stocks
- reduced out of dates
- repeat visits and store loyalty from customers
- increased return on inventory investment.

The overriding benefit of category management is that you are giving customers what they want, and the products are located where they expect to find them.

Ideally, you need an EPoS system to implement category management, although a manual stock record card can also be used.

EPoS systems can break down sales by category - you can then measure the space that each category has in relation to the size of your pharmacy. With your local knowledge and manufacturers' assistance, you can then equate space to sales, eg if OTCs generate 34 per cent** of your revenue and occupy only 10 per cent of your shelf space, you may benefit from giving them more space.

Independent pharmacies constantly receive planograms from manufacturers on individual sections, such as cough or analgesics. Manufacturers should analyse the whole OTC category and not just the sub category in which they operate. The following steps will help you understand how space is allocated to each category:

1. Check your sales and market data to find out each category's revenue in your pharmacy.
2. You can then allocate the space accordingly.

Drilling a bit further, GSL accounts for 38 per cent of total OTC sales*; P medicines account for 62 per cent of OTC sales*.

And if you break down P Medicine sales:

P analgesics = 30 per cent*
P cough & cold = 16 per cent*
P gastro-intestinals = 9 per cent*
P smoking cessation = 7 per cent*

You can then apportion space in among your P medicines.

3. Look at your merchandising, using your planograms as a guide. The principles are outlined below.

- Removing slow sellers from display. You do this by analysing manufacturers' market data to sku level within each category, and by combining that with your local knowledge and EPoS data.

Independent pharmacies will carry lines that large multiples will not handle, although there comes a point when it is uneconomic to deal with these niche lines. You must ensure that your range caters for all ailments, ensuring that unprofitable/smaller lines are not over-represented.

- Forming distinct blocks for main categories, which will clearly define each category within medicines and help consumers and staff to make their selections.
- Siting the largest category in the premium area - this acts as a beacon category in your store to signpost the location of medicines.
- Allocating space to products in line with their market shares.
- Siting your best-selling brands, within the major categories, at eye level in the hot spot areas (consumers are drawn to their intended categories via the brands they recognise.)
- Siting related categories next to each other; eg, cough and cold; cold and decongestants.

Does it work?

Dean & Smedley's pilot shows that it does. Sales in the Stretton-based branch, which used category management, grew 12 per cent year on year, whereas they fell 7 per cent in other stores that traded as normal.

Can you afford to ignore category management?

* Source: IMS Pharmacies MAT May 1998
** Source: Nielsen Market Summary Total Pharmacy MAT Mar/Apr 1998

Domenico Vellucci is SmithKline Beecham Consumer Healthcare's merchandising executive, while Lee Newton is Warner Lambert Consumer Healthcare's category analyst.

LEADERSHIP IS EARNED

Paracetamol, Codeine and Caffeine

Paracetamol and Codeine

Salpadeine is the leading pharmacy analgesic – with a cash market share af 15.1% - 'significantly' higher than any other brand.[1]
There are twa gaad reasans why Salpadeine has earned this pasitian:

1. POWERFUL RELIEF

Solpadeine's unique formulation of paracetamol, codeine and caffeine ensures powerful, effective pain relief for your customers. And for the younger customers who tend to be more demanding, there is no stronger painkiller than Solpadeine MAX – containing maximum doses of paracetamol and codeine for maximum strength pain relief.

2. CUSTOMER LOYALTY

Because Solpadeine provides pain relief that customers trust, it is probably not surprising that it has the highest level of brand loyalty of any analgesic[2] – 74%. Once you recommend Solpadeine, you can be confident that customers will come back and ask for it by name. That's why Solpadeine has earned its position as the Number One pharmacy analgesic.

THE **ONE** YOUR CUSTOMERS TRUST

SB SmithKline Beecham Consumer Healthcare

References 1. IRI Infascan, July 1998. 2. Taylar Nelsan AGB Superpanel' 1997.
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Is electronic prescribing legal?

The way forward for medicines legislation to accommodate electronic prescribing is to remove the requirements for 'written' documents, said Steve Lutener, head of the inspectorate and enforcement division of the professional standards directory of the Royal Pharmaceutical Society.

The law requires that prescriptions be 'written', said Mr Lutener, speaking at a conference organised by the *Hospital Pharmacist* last Thursday at the Pharmaceutical Society. To get around this, Mr Lutener suggested that supplies should only be made after a printout has been obtained, and systems should be designed so that multiple printouts are readily identifiable to prevent duplication.

Some pharmacists believe that a hospital is not supplying, but only administering from ward stock, and because administration does not require directions to be in writing, electronic systems will comply. Mr Lutener believes that every administration of ward stock involves an element of supply. Any hospital wishing to adopt such a system should check first with their legal advisers and insurers, then write to the Medicines Control Agency and the Department of Health, and try to obtain a 'comfort letter'.

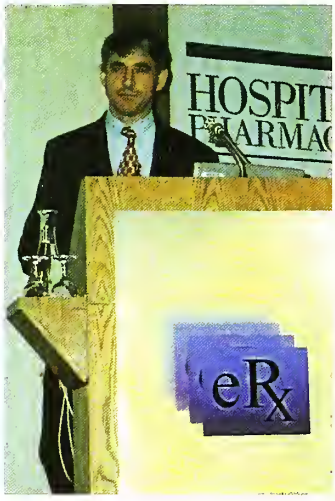
The legislation also requires that prescriptions be signed. Mr Lutener believes this requirement is met if the system does not permit generation of an electronic prescription without a doctor's password. This could be more secure than a doctor's signature.

The Misuse of Drugs legislation is more stringent and to allow for this, Mr Lutener suggested that a doctor should be exempted from handwriting requirements in order to electronically prescribe Controlled Drugs. If the prescription is printed off, signed and dated by the doctor, the legal requirements will be met. Administration could be barred until the pharmacy has confirmed to the system that a valid prescription has been signed.

Hospitals should consult the Home Office about obtaining handwriting exemptions for their doctors, but if they all do so at the same time, they may be refused, warned Mr Lutener.

As long as electronic prescription systems are secure, he said, there should be no objection to removing the 'written' requirement. The Society had its proposal to allow computer records instead of prescription registers accepted and the Home Office is now considering the Society's request for computerised Controlled Drugs registers.

Pharmacists should make sure that their computer systems are 2000 compliant and that they have recovery systems, if medication records are lost, patient care would be jeopardised, contravening the code of ethics.



Electronic prescribing reduces medication errors and allows pharmacists more time for clinical work, claimed Keith Farrar, chief pharmacist at Wirral Hospital. The NHS Information Technology strategy aims to have electronic patient records in all acute hospitals by 2005, he told the conference. Electronic prescribing is going to happen very soon, but will require culture changes and support from all involved, he added

APPOINTMENTS

Professor David Johns has been appointed chairman of the Prescription Pricing Authority for a three-year term. He retired in July this year as vice-chancellor of the University of Bradford. He has an international reputation in aeronautical, civil and mechanical engineering. He will be expected to devote three days a week to the PPA, for which he will be paid £15,125. Peter Catchpole, chief executive of West Sussex HA, becomes the PPA's health authority chief executive member.

The School of Pharmacy at the Queen's University of Belfast has appointed Professor Brian Walker to the newly created Allen J McClay Chair in Biomedicinal Chemistry. The chair is funded by the McClay Trust, set up by the founder of Galen, Dr Allen McCalyt. Prof Walker was formerly the head of the biochemistry department at University College, Galway.

Professor Brian Walker

No negative impact of NHS fraud buster

The NHS Executive's 'fraud buster' has assured the National Pharmaceutical Association that in his strategy to combat fraud he does not intend to implement measures that would impact negatively on community pharmacists.

NPA director John D'Arcy has told Jim Gee, head of the counter fraud directorate at the NHS Executive, that the Association deplores fraud at any level in the NHS and that it will work with NHSE to deal with fraud issues.

Benzodiazepine project launched in East Sussex

A project to encourage rational prescribing and safe use of benzodiazepines has been launched in the East Sussex, Brighton and Hove Health Authority area.

The health authority has the highest benzodiazepine prescribing rate in the region. The project was developed by the HA together with Tranx-Action, a local charity providing support for benzodiazepine users.

All GP practices in the area have been sent a resource and information pack about benzodiazepine prescribing. The pack was written at Tranx-Action in consultation with the pharmaceutical advisers and GPs.

The pack contains information for GPs including withdrawal protocols and prescription audits. Information for patients is on topics such as anxiety management and coming off benzodiazepines.

Seminars are available for community pharmacists and GPs covering subjects which include repeat prescribing.

A POWERFUL RECOMMENDATION

Porocetamol, Cadeine and Caffeine

Paracetamol and Codeine

It pays to recommend Solpadeine – the Number One pharmacy analgesic.[1]

WHY?

Because Solpadeine (paracetamol, codeine, caffeine) and Solpadeine MAX (maximum strength paracetamol and codeine) can offer your customers the powerful pain relief that they are looking for.

And because Solpadeine customers have the highest loyalty of any analgesic customers and visit your shop to purchase them significantly more frequently than any other analgesic customer.[2]

Powerful reasons why it pays to recommend Solpadeine – and Solpadeine MAX.

THE **No.1** PHARMACY ANALGESIC

References 1. IRI Infoscan, July 1998 2. Taylor Nelson AGB Superpanel' 1997.
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Mutual support

Julie Oliver

Pharmacies could benefit from a new source of expansion finance as mutual guarantee societies become established in the UK. Peter Willis reports

Banks usually refuse loans to small businesses because of a lack of security, or poor presentation and management skills, according to research carried out by Business Link.

For firms looking to expand, this inability to convince banks of their credentials can be a brick wall. Luckily, a fresh initiative is getting under way which not only addresses both of these problems, but in some cases also harnesses European Union funding to give an extra boost.

The concept is the Mutual Guarantee Society (MGS). It has been in Europe for most of this century - 30 per cent of SMEs (small and medium enterprises) in France and Germany use an MGS for funding. But a UK version appeared only in 1996. Since then, eight MGS have been set up, 15 more are in the pipeline and the goal is 100 by 2006.

Government backing has helped the concept's momentum. Barbara Roche, small firms minister, told a briefing organised by the National Association of Mutual Guarantee Societies (NAMGS) last year: "Obtaining finance is a number one problem for small firms, and I want to encourage a fresh new approach to the issue."

Another spur is the support of three banks: the Co-operative, Unity Trust and the Clydesdale; all of whom are working with MGS.

An early convert in the pharmacy world is Tipton-based Murrays Chemists, which helped found the Black Country MGS early last year. By October, last year, the MGS had 15 members - it aims to have 100 by the end of this year.

What is an MGS? It is a bit like a buying group, except you pool resources with other businesses to obtain loans at favourable rates, rather than products. MGSs provide finance for firms which might otherwise not have been able to get it, and they do so at a lower rate of interest than the going rate on the High Street, while paying a higher level on money invested with the scheme.

David Bennett, chairman of the NAMGS explains: "The aim is to create a security fund which underpins loans to members of the group."

Member firms join an MGS by buying a share, typically costing £25, which entitles them to a vote. Other participants, such as banks and Business Links, may also join, but each gets just one vote. At present the eight pilot societies have 25-35 members each, but a fully-fledged scheme might have up to 500.

Attractive rates of interest, slightly below the prevailing base rate, encourage them to keep money on deposit with the society and it is these funds that provide the security for loans. The money itself is not lent, but members can arrange to draw down bank loans against it. In certain regions, which qualify for European Regional Development Funds (ERDF) under objective 1 or 2, each pound in the pot is matched by one from the ERDF, doubling the amount available.

As well as better rates of interest on loans - between 1 per cent and 2 per cent below comparable High Street rates, according to Mr Bennett - members also benefit from lower arrangement fees and bank charges, typically 50 per cent to 80 per cent lower than usual.

The loan guarantee is chiefly seen as a top-up to other security. Suppose a society member wanted to borrow £100,000 to expand - either working capital or fixed assets - but could only provide the bank with security to cover £80,000, then the society would consider stepping in with a guarantee on the other £20,000.

To qualify for the guarantee the company would have to have been a member of the scheme for at least six months, and to have invested in it between a tenth and a sixth of the amount required - in the £20,000 example that would be £2,000-3,000.

A company looking to borrow would have to submit management accounts on a monthly, or at least quarterly basis, both before and after the guarantee is agreed. Borrowers pay a premium for the use of the guarantee, though the cost is usually offset by savings in interest rates.

The application would also have to be approved by the loan committee or MGS' chief executive before going forward to the bank. This touches on another key benefit of MGS - the level of professional support available through them, and the degree of professionalism they instil into member firms.

Such support is the first line of defence against business failure - by ensuring that proposals are realistic and properly thought through. If things do go wrong, then the society will step in to see if the problem can be sorted out, perhaps by rescheduling the debt. If the situation proves irretrievable, then the society may manage things without bringing in expensive receivers and liquidators. Recovery of assets would start with the member's cash in the guarantee fund, then the company's business assets, and finally the general guarantee fund.

MGS' administration costs are initially met by grants and support from local development agencies; as they grow bigger, the volume of business flowing through will make them self-financing.

MGSs are managed by voluntary officers - chairman, secretary and treasurer - chosen from among the members and supported by a team of professional officers. Financial support may also come from large organisations with an interest in the local economy, and through group or bulk purchasing of supplies and services.

Joining an MGS might not suit every pharmacy. Most likely to benefit from it are those planning to expand, who see themselves as having a stake in the local economy, have a mature attitude to both taking and minimising risk, enjoy networking and believe business is about co-operation, as well as competition.

There are eight UK mutual guarantee societies up and running - Black Country, Central England (Redditch, Bromsgrove and Solihull), Durham and Darlington, East London and Lee Valley, Lancashire, Leeds, Tameside and Thanet (Kent). All are officially pilot schemes, still at the fledgling stage - though Durham and Darlington, one of the first to be incorporated, boasts a total turnover of £40m among its 30 members.

Regions currently looking at MGSs are Leicestershire, Huddersfield, Birmingham, Nottingham, Devon, Cornwall, Edinburgh and Stirling.

For more information, contact National Association of Mutual Guarantee Societies; tel: 0161 929 5130; fax: 0161 929 5133.

IMPORTANT ANNOUNCEMENT

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FOR YOUR BUSINESS: distributing or selling a counterfeit product is a criminal offence as provided by The Trade Marks Act 1994.

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Kodak

TAKE PICTURES. FURTHER.™

How can pharmacists encourage consumers to shop more frequently and spend more money in the pharmacy? Moss Chemists and Procter & Gamble recently conducted some consumer research to find the answers...

Shopping spree

For the past 18 months, Procter & Gamble and Moss Chemists have been looking at why consumers shop the way they do in community pharmacies. The results of this research indicate ways in which retailers can change their business practices to build sales and profits.

The initial conclusions from the research made it clear that the medicines, vitamins and baby categories are the main reasons why shoppers visited pharmacies.

There is a significant opportunity to persuade prescription customers visiting the pharmacy to purchase medicines and toiletries.

There is also an opportunity to encourage customers to increase the regularity of routine visits and to shop more broadly from the pharmacy. Location and convenience make the community pharmacy ideal for distress purchases.

The results ...

The results of the first phase of research showed that the location and convenience of the pharmacy was the primary reason for shopping locally.

Customers visit the pharmacy with the intention of making a purchase, not just to browse. Shoppers with children are more likely to purchase an item than unaccompanied shoppers.

Loyalty to the local pharmacy is highest among purchasers of medicines, babycare and vitamins, but the average spend is low at around £3.60 (this is in line with the national average basket spend for all pharmacies).

Only 13 per cent of customers with prescriptions make an additional purchase, but 24 per cent of prescription customers visit Moss at least once a week.

In addition, an evaluation of the sales and profit contribution of each category of merchandise on sale in Moss pharmacies was completed. Since Moss operates pharmacies in a variety of locations, the results were summarised by store type (see table 1).

Moving on ...

Phase two of the programme involved six focus groups with housewives from B, C1 and C2 demographics. The first set of research was with regular customers who visited a Moss pharmacy at least two times a month and who purchased two or more products each visit.

The second group were occasional customers who purchased most of their toiletries from other stores, but primarily Boots. The third group were regular visitors to grocery superstores with pharmacies who purchased prescriptions and toiletries from these stores.

Each of the three groups were split into women aged 24 to 40 years (ie those with children) and 40 to 60 years.

What emerged from the study was a profile of highly transient shoppers. While they chose to shop at the outlets of their preference, they also shopped across all three types of outlets. Their shopping patterns can be summarised in the following way, described below.

- Firstly there are the shoppers who are driven by "functional criteria". These consumers used community pharmacies for convenience or sometimes on an emergency basis, usually because the shop was within walking distance or with good parking facilities.

Customers loved the accessibility of the pharmacist and the availability of

Table 1. Category analysis

	High Street	Community	Health Centres
Key strengths	Fine fragrance Specialist cosmetics D&P	All baby Feminine hygiene Hosiery Haircare	All baby Feminine hygiene
Relative weaknesses	Mass cosmetics Baby toiletries Nailcare	All fragrances All cosmetics	Hair accessories All cosmetics Alternative medicines

Each store type demonstrated different characteristics, allowing Moss management to understand current strengths and weaknesses

professional advice, particularly for their children. There was a perception, too, of value for money on medicines - almost certainly driven by the availability of own label products.

On the downside, they are seen as offering a limited variety of non-medicine products. There is a perception that toiletries are not competitively priced. There were few special offers and the stores were perceived as small and cramped.

- By comparison shoppers in Boots visited the stores because of the wide variety of products stocked. Boots also enjoyed a reputation for value, particularly special offers and their three for two events.

On the downside, Boots is seen as offering a limited variety of non-medicine products. Although professional advice is available on medicines, customers disliked the crowded chemist counters, the slow prescription service and the lack of privacy.

- The superstore is visited as part of the weekly shopping trip, offering customers the choice of 'one stop' shopping. They liked the wide range of toiletries and self-selection medicines. The pharmacy is usually quiet, with easy access to the pharmacist for advice. Customers are irritated, though, at having to complete an additional transaction.

Matters arising ...

Two other issues emerged from the focus groups: transactional issues and the shopping environment.

Since shoppers use their community pharmacy for convenience as well as distress purchases, most goods are paid for in cash. Customers complained that all too frequently pharmacies do not accept credit cards. If they happen to be tempted to buy a number of items, they can't because they do not have enough money with them. The key lesson to be learned? Welcome credit cards.

Customers are definitely influenced by the shopping environment, especially if there is a choice of outlets. The use of windows can be a determining factor as to whether or not a consumer visits your pharmacy. The display can act as an advertisement for the type of business inside.

Many pharmacy windows are seen as boring, always the same. Customers wanted them to send a message - perhaps about the professional services available, or seasonal displays and special offers currently available.

The focus groups expressed the frustration they frequently experienced struggling to get buggies through narrow doors that were difficult to open. And they mentioned the fact that narrow aisles make products easily accessible to little hands.

Another area highlighted by the focus groups was the physical difficulty of shopping in a pharmacy. Baskets are rarely provided, limiting the number of items shoppers can carry as they move around the fixtures. Remember, too, that at least one hand may be already be in use hanging on to a child.

Finally the attitude of the staff is a factor that influences choice of pharmacy. Do your staff move forward to welcome customers or simply stare into space with indifference?

The final piece

A final piece of research was conducted to improve understanding of how and why customers behave the way they do when visiting a pharmacy. How much time is actually

spent in-store? How does a prescription shopper behave compared to someone who has visited the pharmacy to buy toiletries?

Exit interviews with 480 shoppers helped understand their rationale for having decided to purchase an item or not. In-store observation, where market researchers monitor the actions of shoppers, helped to explain customers' interaction with fixtures and different product categories.

And accompanied shopping trips with ten female shoppers helped clarify their attitudes to shopping in the different retail formats.

The shopper interviews showed:

- 87 per cent of the interviewees lived within a three-mile radius of the pharmacy
- They were predominantly female and two-thirds were unaccompanied. Over a third were 55 or older
- 59 per cent were presenting a prescription
- 21 per cent planned to purchase medicines, and only 14 per cent had called to purchase toiletries
- 66 per cent thought the Moss pharmacy was excellent or very good for prescriptions and medicines. However, only 29 per cent saw it as ideal for toiletries shopping.

The researchers also measured the total amount of time each individual spent in the pharmacy. Believe it or not, the average time was just two and a half minutes.

Clearly this is influenced by the number of people either collecting or dropping off a prescription, but it really highlights the opportunity that exists to convert prescription customers into retail shoppers.

There are three primary factors which influence customer purchasing habits in-store:

- brand loyalty and choice,
- price and perceived value
- special offers.

Other factors include family preferences, manufacturers' advertising, and packaging.

Price and value were quoted as the primary influences in shopping decisions, yet earlier research has clearly shown that shoppers only remember the prices of KVIs - known value items - and that their perceptions of price and value are a mixture of the influence of KVIs, own label and promotion.

So what of the role of promotions? Any perception that pharmacy shoppers are not price or promotion aware was swept away by the research. The effects of the recession and the intense competition between the major retailers has trained consumers to shop around for special offers.

Although a number of major brands were on special offer in Moss at the time the research was conducted, only 18 per cent of shoppers remembered seeing a promotion. This highlights the importance of creating in-store theatre, to highlight promotional activity.

The potential to significantly increase sales of toiletries is real. The challenge is to provide the products shoppers want, competitively priced and supported by tactical promotional activity.

Recommendations

Firstly, develop a profile of your customers. Using your knowledge of your locality, try to define the demographics of your community. Key areas of opportunity are the elderly and mothers with children and young families. In high street locations, office workers can add considerable footfall at key times of the day.

Then think about the role of the primary categories in your pharmacy. Think about how your customer views your pharmacy. When was it last decorated? How long have you been putting off investing in new fixtures and fittings? Have you the right space to destination and preferred categories?

Remember the importance of your windows in communicating your own marketing message to existing and potential shoppers. Remember the importance of credit cards in encouraging your customers to make multiple purchases.

And finally remember your greatest asset - your staff. With the help of your wholesaler and key suppliers, develop suitable training programmes to build the skills, knowledge and approachability of your staff.

Next, try to find time to study the range you have on offer. Stock the brands your customers want, not what you want to sell them! Allocate space to the brand leaders. Encourage your staff to identify the fastest-selling products and open up the space allocated to them to avoid out of stocks.

Build a mix of branded and own label products. In reality most of these steps can be covered by implementing the planograms produced by your wholesaler or most major manufacturers.

Remember that shoppers only register the price of key value items. It is essential to sell these products at high street prices.

It may deliver low gross margins but there is the opportunity to price up on non-price sensitive products to deliver overall satisfactory gross margins. Project your image of value by highlighting the KVI prices on shelf.

And lastly, promotions. The key here is to think big and do simple but dramatic things to create 'an image of value'. Exploit the promotional programme offered by your wholesaler. Focus on the big brands and greatest price cuts to highlight value to your customers. Use display material to create eye-catching displays.

This article is extracted from a presentation given by Procter & Gamble at the recent UniChem Convention.

Table 2. What prescription shoppers do when they visit a pharmacy

46%	Left the prescription and left the shop
31%	Collected the prescription and left the shop
15%	Waited at the medicines counter while the prescription was dispensed
4%	wandered around the shop while waiting
3%	Collected the prescription and then visited the fixtures
1%	Left the prescription and visited the fixtures

The potential that exists to persuade prescription shoppers to walk around the front of the shop area is highlighted in this chart. Only 4 per cent wandered around the shop while waiting for prescriptions; only 3 per cent went on to shop in the store and only 1 per cent of people dropping off prescriptions went on to look at other products available

The research plot

The research was conducted in three phases:

- An 'SWOT' analysis of Moss Chemists' current business
- Focus group interviews with consumers shopping in Moss pharmacies
- More detailed research into customers' attitudes towards the in-store environment of the pharmacy

AAH trials pharmacy 'EPoS'

AAH Pharmaceuticals is trialing a front shop management system (FSM) which is designed to provide the stock management benefits of EPoS at a fraction of the cost.

The wholesaler has developed the system to help smaller pharmacies compete with supermarkets and drug store chains, which can afford to pay up to £8,000 per till for advanced EPoS equipment.

AAH's FSM system provides information about the pharmacy's stock movements, which helps the pharmacist to maintain an ideal stock level. The system also has an automatic stock ordering facility.

By removing the cash element from the system's transactions, AAH has kept its price at about £1,000. The company is testing two versions of the system, which uses bar codes, in 12 pharmacies until Christmas.

It said pharmacists could not afford to ignore stock management. "No business can afford to have capital tied up in slow moving or even obsolete lines any longer. Equally, no business can afford to miss out on potential sales simply because the items the customer requires are no longer available," it said.

Mark I version of the FSM system works with the LINK pharmacy system. If the trial is successful, AAH will roll it out early next year for the 2,500 pharmacies who use LINK.

As FSM system involves some training, however, AAH will be "inviting" pharmacies to take it up.

David Watkinson, AAH's customer technology marketing manager, said it could look into how the system would work with other pharmacy computers. "We have to decide how one is going to operate it when you need a PC base to process the data. We could talk to other suppliers of pharmacy computer systems," he said.

Mr Watkinson would not reveal what sort of equipment the trial pharmacies were using. He said the system's technology - developed by AAH - was extremely advanced. "It's something that no-one else is doing," he said.

Early indications, he added, suggested the trial was going well. "We've asked our trialists if they want to give the system back - they've all said 'no'," he said.

- AAH plans to launch AAH Point, an intranet that will help pharmacists to get information much quicker. Instead of phoning AAH to check whether it stocks a certain product, the pharmacist could just check on their computer screen and then send their order via e-mail.

AAH Point also gives pharmacists access to other AAH data, such as data sheets on dangerous substances, and historical accounts. The facility is being piloted until the end of this month and is expected to go live soon after.

David Watkinson, AAH's customer technology marketing manager

Mawdsley launches Formula Generics

Mawdsley-Brooks has launched a generic loyalty scheme called Formula Generics.

The scheme, which replaces Mawdsley's previous loyalty promotions, offers pharmacists discounts of 5-10 per cent, depending on their order levels.

Robert Harwood, Mawdsley's commercial director, said pharmacists wanted a generic loyalty package that enabled them to continue receiving the service of its full-line wholesaling, such as twice-day deliveries.

Pharmacists who want further details about Formula Generics should contact Mawdsley's local development manager.

- Mawdsley is celebrating 20 years in pharmaceutical wholesaling. In 1978, the company made its first deliveries from its West Bromwich depot to 70 local pharmacies. Today it services more than 200 pharmacies and its turnover tops £24 million - compared with £1.2m in 1978.

Staff joined the company's board to celebrate its birthday at the West Bromwich depot, which is currently being modernised.

Mawdsley has five staff who have worked with it for 20 years: Chris Smith, its regional director; Martin Bourne and Mick Dale, both drivers; and Nigel Bubb and Silvia Wright, who work in the warehouse.

(l-r) Martin Bourne, driver; Susan Westall, director; Ian Brownlee, managing director; Chris Smith, regional director and Tracey Woodhall, deputy depot manager

IN BRIEF

Record Numark rebate

Numark's half year rebate grew 16.5 per cent – compared with the same period last year – to a record £1.139 million. The group expects a year end rebate of £2-2.2m. It now has 1,175 members and is on target to reach 1,200 by the end of the year.

Advice on IT problems

Financial Management Consultants (FMC), a specialist in computer disputes, has produced a 24-page booklet, 'Winning Computer Disputes', which advises firms of their legal rights if their computers develop problems. To obtain a free copy, call FMC at: 0800 731 0734.

Glaxo files amprenavir in EU

Glaxo Wellcome has filed amprenavir, its HIV treatment, for regulatory approval in the European Union. It is a protease inhibitor which has been tested in combination with two nucleoside reverse transcriptase inhibitors.

Zeneca to build £3.5m plant

Zeneca is building a £3.5 million plant to produce DNA medicines at its Grangemouth site in Scotland.

The 5,000 sq ft facility, it said, would be the first outside the US to manufacture oligonucleotides (DNA medicines) and would complement its large-scale production of peptides.

Demand for oligonucleotide-based drugs is expected to grow rapidly. The new site could also earn some contract manufacturing income, as leading pharmaceutical companies spend more on research and development and outsource their production.

● Zeneca has warned the strong pound will knock £130 million from its year-end profits. In August, the company had estimated a cut of £110m, based on the exchange rates at that time. Its turnover, meanwhile, rose 5 per cent to £4.15 billion for the nine months to September.

Medical devices become 'Millennium Products'

Glaxo Wellcome's Accuhaler, an asthma device, is one of 49 medical products to be awarded Millennium Product status by the Design Council.

Accuhaler is a dry powder inhaler which overcomes the co-ordination problems associated with other asthma devices.

The awards follow a nationwide search to find creative and innovative products in various fields. The Council has carried out two rounds of judging and plans another two: on January 15 and July 30 next year.

While the Council does not plan to create a set number of Millennium Products, it would ideally like about 2,000.

Other medical Millennium Products include New Medical Technology's Zero-Stik safety syringe, which automatically retracts its needle once it has been used, to prevent accidents and the transmission of diseases; and Medic-Aid's Halolite, a device that uses adaptive aerosol delivery to deliver precise drug doses to patients' lungs.

All the Millennium Products will feature in an exhibition in the Millennium Dome at Greenwich.

Boots to test in-store chiropody service

Boots the Chemists (BTC) is investing £1 million to trial chiropody practices in six stores, as an extension of its 'health and beauty' offering.

The practices are sited in-store in purpose-built areas. BTC said the services being offered had not yet been confirmed, but the practices will offer a wide range of treatments provided by state-registered chiropodists.

Its first chiropody practice will open in March 1999. BTC says that fewer than one in ten people ever visit a chiropodist. But the UK chiropody market is still worth more than £200 million and is said to be growing.

Boots has already announced its intention to trial dentistry in-store, and to offer space to Sinclair Montrose to develop GP services. No in-store surgeries have been set up since the announcement, but it is understood developments can be expected shortly.

● Boots will be selling some of its products through vending machines in a regional trial late this month. The six-month trial will be in Leicester and involves about 20 vending machines. These are located in areas where consumers will want to buy the products outside normal pharmacy hours, eg hotels, leisure centres and universities.

Each machine, which carries Boots' logo, will sell eight brands ranging from toothbrushes to energy drinks. Boots may also include ibuprofen and Nurofen. "We still have to decide whether these are the right products to install in vending machines," it said.

The prices will vary and Boots will install different products, during the trial, to see how consumers respond.

As the trial is extremely small, Boots will be using existing vending machines, instead of developing its own models. It said the pilot's turnover is expected to be only "tens of thousands of pounds".

If the trial is successful, Boots will evaluate whether it should be rolled out nationally or regionally.

● A High Court judge has dismissed the damages claims by families of five women, who died from lung diseases allegedly acquired while working with asbestos at Boots plants during World War II. The judge said the relatives of the women had issued the writs too long after they discovered there was a possible link between the women's deaths and their workplaces.

Boots said it was relieved by the decision because it adds "clarification to a complex set of circumstances. We extend our sympathy to everybody who has suffered".

The cases of five other women with similar claims, however, will be allowed to proceed because they did not fall outside legal time limits.

NatWest introduces 'pharmacy' business managers

NatWest has set up a network of 160 business managers with specialist knowledge of pharmacy and other professions.

Its aim is to have managers who understand how primary care groups work, and who know how the various healthcare professions work with each other. Most of the managers will handle pharmacy, dental and optical clients together.

Pharmacists are being offered a financial package that includes a pharmacy credit card.

Jay Patel, head of NatWest's professions unit, said the card is free, while other commercial credit cards cost about £30-35. Pharmacists will also gain one NatWest air mile for purchases worth £20 through the card.

Pharmacists are also being offered cut-price insurance, professional practice loans, and savings on their telephone bills.

The bank will be arranging quarterly training seminars at each of its nine geographic regions. Topics will range from financial issues to healthcare topics currently affecting pharmacies, such as Resale Price Maintenance.

Mr Patel said the bank would liaise with major pharmaceutical wholesalers and pharmacy symbol groups to provide material for the training.

The bank will also target pharmacy students with loans. NatWest's pharmacy student package, said Mr Patel, had been endorsed by the British Pharmaceutical Students' Association.

Seton Scholl profits up 10 per cent to £29.6m

Seton Scholl Healthcare's pre-tax profits grew 10 per cent to £29.6 million, before exceptionals, for the six months to August 31.

This is the group's first interim result since its merger in June. Its turnover rose 4.7 per cent to £158.5m, although the strong pound had knocked £5.4m off the figure. Strong sterling had also cut its potential operating profit by £1m.

Seton Scholl has reduced stock in the UK supply chain and said this helped to increase its footcare and OTC sales by 5.1 per cent to £61.9m.

Its medical sales grew 6.7 per cent to £40.7m, while footwear and retail sales were up 7.9 per cent to £48.9m.

Meanwhile, its operating margin - excluding an exceptional item - grew 1.6 percentage points to 20.8 per cent.

The merger is costing £29.7m, which mainly comprises redundancy costs, harmonisation of trading terms with some major customers and the integration of the two businesses.

Dieno George, Seton Scholl's managing director for global marketing and UK sales, said its integration was ahead of schedule and is expected to be completed by the end of the year.

The group has already closed down its hosiery manufacturing plants and its Luton Head office. This week it moved to its new headquarters in Knutsford, Cheshire.

Its rationalisation plan has led to about 200 redundancies. Seton Scholl is still rationalising operations throughout the UK to remove unnecessary duplication.

It expects to centralise its UK distribution and customer care functions by December 31.

In line with the group's aim to distribute more of its own brands, instead of using distributors, it is negotiating new arrangements in Asia Pacific.

It is also setting up Seton Scholl Ireland to distribute its own products there.

COMING EVENTS

TUESDAY, NOVEMBER 10

Slough & District Branch, RPSGB
Wexham Park Hospital, Slough, 7.15 for 8pm. 'Management of prescribed medicines - repeat prescribing projects'.

Oxfordshire Branch, RPSGB
No 2 Lecture Theatre of the Medical School, 7.30 for 8pm. An update of 'Schizophrenia Therapies'.

NICPPET courses
'CFC-free inhalers in respiratory disease' at: The Lodge Hotel, Coleraine; The Killyhevlin Hotel, Enniskillen; The Royal Arms Hotel, Omagh.

WEDNESDAY, NOVEMBER 11

West Metropolitan Branch, RPSGB
Royal Brompton Hospital, London, 8pm. 'How is pharmacy affected by PCGs?'

THURSDAY, NOVEMBER 12

Glasgow Branch, RPSGB
Joint meeting with Guild of Hospital Pharmacists, University of Strathclyde. 'Local Health Care Policies'.

Fife Branch, RPSGB
Joint meeting with Dundee and Eastern Scottish Branch, at Fernie Castle Hotel, Letham, 8pm.

SATURDAY, NOVEMBER 4

Leicestershire Branch, RPSGB
Diwali Celebration Entertainment/Dinner Dance at Starlite 2001, Leicester. Tel: 01530 510520.

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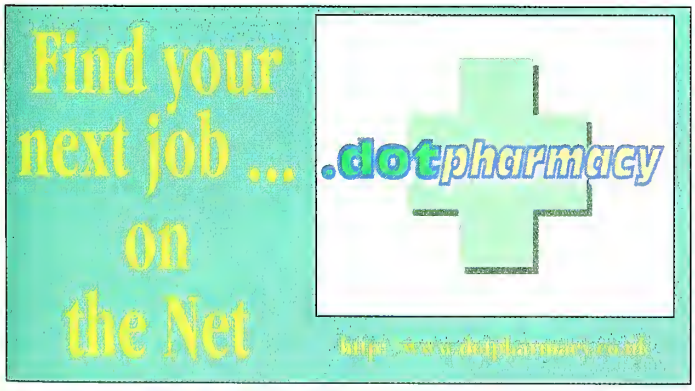

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Finland still has an old-fashioned pharmacy profession, tightly regulated by the state, as Felix Corley found out in Helsinki

Putting the Finnishing touches to pharmacy

In the heart of Helsinki's historic centre, just a stone's throw from many of the Finnish capital's famous landmarks, stands a small but neat pharmacy. Across the road is the National Archive, while around the corner is the Finnish National Bank. Within five minutes' walk stands the massive Lutheran cathedral that dominates the old harbour area. The University and government buildings are dotted around the surrounding streets.

The Kruununhaan Pharmacy benefits from the passing trade of government officials, students and tourists, as well as from local residents. The pharmacy is privately-owned, and has four trained staff in addition to the owner. There is also one student part of the way through pharmacy training.

Anna Reincke, one of the pharmacists, tells me about the training system as we sit in the busy shop, while a steady stream of customers comes in and out. All pharmacists must take a university degree in pharmacy to be allowed to practise in Finland, a course that lasts three years. During practical work in a pharmacy, a requirement for all, students must be supervised by a qualified pharmacist when issuing prescriptions, and the pharmacist's name goes on the prescription.

It is also possible to study for a higher degree which takes another two years, but this is rarer. "The owner of the pharmacy has to have the higher degree," Anna explains, "and in larger pharmacies perhaps one or two other pharmacists do also."

Anna herself gained her degree after three years' study at Helsinki University. Did she always want to work in a pharmacy? She smiles, admitting that she had originally wanted to work in the pharmaceutical industry. But she worked here during her university course and after graduating wanted to take it easy for a while after the stresses of her studies. "It is not easy to find a job in industry and I quite enjoy working here."

One of the oldest

The pharmacy is one of the smallest in Helsinki and is the fifth oldest, though it moved from its original building nearby to new premises 20 years ago. On the wall hangs a copy of the old Russian Imperial crest (Finland did not gain its independence from Russia until 1917) and a display of old wooden spoons that were once used to measure out the medicines. "These are a reminder of the old days," says Anna.

The pharmacy is open Monday to Friday from 8.30am to 6pm and on Saturday from 9.30am until 2pm. Unlike some pharmacies, there is no late night service nor emergency weekend cover. One university pharmacy on Mannerheimintie, one of Helsinki's main thoroughfares, is open 24 hours a day and some others are open daily until midnight, no doubt causing relief among the rest of the city's pharmacists that they can get a good night's sleep.

In Finland no-one may open a pharmacy without official permission. "It is rare for new pharmacies to receive permission to open." Waiting for the retirement of a pharmacy owner is almost the only way to acquire a business. "The pharmacy is then sold to someone with the higher degree. You need lots of experience, so pharmacists are usually quite old when they get their own business."

Between ten and 15 people generally apply for each business put up for sale, and the Health Board chooses the successful bidder. Unsuccessful applicants can appeal against the Health Board's decision.

Anna Reincke (right) and colleague at the counter

Anna stresses that the owner and the pharmacy are one and the same. If one goes bankrupt, so does the other. No-one can own more than one pharmacy and chains of pharmacies are not generally allowed, except for those run by a university. If you wish to you may try to trade up your pharmacy for a bigger or better one. "The system is very complicated," says Anna. "There is no other industry in Finland run like this."

State-run healthcare

Like many European countries, Finland has a comprehensive system of state-run healthcare, with users paying a small charge for many services. Anna explains the system of prescriptions. For ordinary prescriptions, items such as antibiotics, patients pay 50 Finnish Marks (a little less than £6), plus half of any cost above that. For those who need more regular medicines, such as asthma sufferers, the fee is 25 Marks per item plus a quarter of any cost over that. For those with conditions such as diabetes, they pay just 25 Marks per prescription. To gain either of the reduced fees, patients have to apply for a certificate confirming their condition.

The number of medicines available over the counter is gradually increasing and some advertising is now permitted, although not of prescription medicines.

Although Finland joined the European Union on January 1, 1995, Anna does not believe that Finnish membership has yet had a great impact on the profession. Pharmacists from other EU countries still need to apply for the right to work in Finland before they can begin to practise and their qualifications are checked by the university.

Because the pharmacy is located so close to the port, where tourists disembark from cruise ships to look around the historic city centre, a knowledge of other languages sometimes comes in handy. Speaking both Finnish and Swedish, the two languages of the country, as well as English, Anna gets by quite well. There are also many French, German and Russian tourists and some from the Far East, although the recent Asian financial crash has cut their numbers.

Anna herself is from Finland's Swedish minority, which makes up about six per cent of the population, so working in both languages is no problem. "You must have Finnish and Swedish to work in a pharmacy, but in practice people don't use Swedish a lot," she says ruefully, speaking as a member of the Swedish minority.

But all pharmacy students need to speak English to be able to study in university. Courses are in Finnish, but many of the books are in English. "There was a special course of English for pharmacists. Our teacher for this was himself English." Anna reports that even if you are no good at languages, you have to pass this course. "As everyone takes English in school, it is not too difficult."

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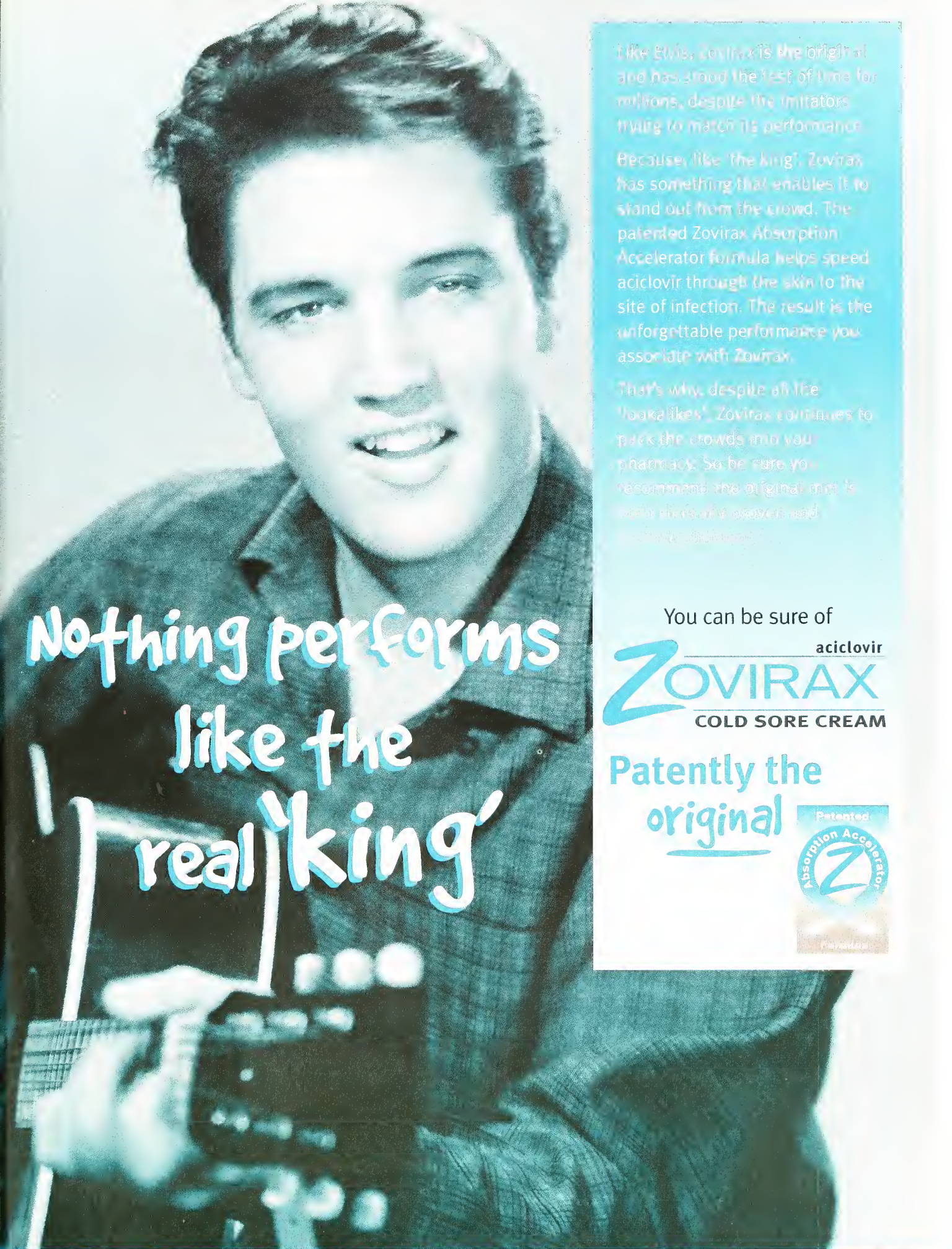

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Seton Scholl Healthcare plc

CUPROFEN IS ONLY AVAILABLE IN PHARMACY

Cuprofen Maximum Strength Product Information. Presentation: Each pink, film coated tablet contains Ibuprofen BP 400mg. **Indications:** For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), ankylosing spondylitis, osteoarthri and other non-rheumatoid arthropathies, periarticular conditions eg. frozen shoulder, bursitis, tendinitis, tenosynovitis and low back pain, soft-tissue injuries eg. sprains and strains. Also indicated for the relief of mild to moderate pain eg. dental, post-operative pain ar dysmenorrhoea, for the relief of migraine. **Dosage and administration:** *Adults and Children over 12 years.* Initial dose is 1200mg in divided doses. Some patients can be maintained on 600-1200mg daily. In severe or acute conditions it may be advantageous to increa the dosage, provided that the total daily dosage does not exceed 2400mg in divided doses, with water. Children: The dose is 20mg/kg/body weight daily except in children weighing less than 30kg. The total dose in 24 hours should not exceed 500mg. Elderly: N special dosage modifications are required for elderly patients unless renal or hepatic function is impaired, in this case the dosage should be assessed individually. **Contraindications:** Ibuprofen should not be given to patients with severe or active peptic ulceratio **Interactions:** None known. **Precautions:** Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment caution is required since the use of NSAID's may result in deterioration of renal function. The do should be kept as low as possible and renal function should be monitored. **Use in pregnancy and lactation:** No teratogenic effects have been reported in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. **Side effec** Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. Very rarely toxic amblyopia has occurred, on cessation of treatment recovery has occurred. NSAID's have been report to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. **Overdose:** There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with special care of plasr electrolytes and any other appropriate symptomatic relief. **Legal Category:** P. **Pack Quantities and RSP:** £1.35 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per 96 tablets. **Product Licence Number:** PL 0338/0085. **Produ Licence Holder:** Cupal Limited, Blackburn (A subsidiary of Seton Healthcare Group plc). Further information is available from Seton Healthcare Group plc. **Date of Preparation:** April 1997. Cuprofen is a Trade Mark of Seton.

1. Independent Pharmacy Audit MAT July 1998. 2. Taylor Nelson Sofres - Counterpoint Q2 1998. 3. Independent Pharmacy Audit MAT July 1998.